



INVITATION TO BID NO: 11-X-2207454

STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING

INVITATION TO BID

REQ. AGENCY : 062000
ALABAMA MEDICAID AGENCY
AGENCY REQ. NO. :
T-NUMBER : TA678
DATE ISSUED : 08/02/10
VENDOR NO. :
VENDOR PHONE NO. :
SNAP REQ. NO. : 1418760
BUYER NAME : WENDY PENTON

FOR: SOBRA 291B AND OTHER MEDICAID FORMS

BUYER PHONE NO. : (334) 353-7176-
PURCHASING PHONE NO: (334) 242-7250

BID MUST BE RECEIVED BEFORE:
DATE: 09/09/10 TIME: 5:00 PM

BIDS WILL BE PUBLICLY OPENED:
DATE: 09/10/10 TIME: 10:00 AM

TO BE COMPLETED BY VENDOR

INFORMATION IN THIS SECTION SHOULD BE PROVIDED, AS APPROPRIATE. BID RESPONSE
MUST BE IN INK OR TYPED WITH ORIGINAL SIGNATURE AND NOTARIZATION.

1. DELIVERY: CAN BE MADE _____ DAYS OR _____ WEEKS AFTER RECEIPT OF ORDER
2. TERMS: _____(DISCOUNTS ARE TAKEN WITHOUT REGARD TO DATE OF PAYMENT.)
3. PRICE VALID FOR ACCEPTANCE WITHIN _____ DAYS.
4. VENDOR QUOTATION REFERENCE NUMBER, IF ANY: _____
(THIS NUMBER WILL APPEAR ON THE PURCHASE ORDER.)
5. E-MAIL ADDRESS: _____
INTERNET WEBSITE: _____
6. GENERAL CONTRACTOR'S LICENSE NO: _____
TYPE OF G.C. LICENSE: _____

***** IMPORTANT NOTE: *****

BIDDERS MUST COMPLY WITH ALL "BID RESPONSE INSTRUCTIONS" ON PAGE 2, TO INCLUDE
ITEM 6 - COPY REQUIREMENT.

RETURN INVITATION TO BID:

US MAIL

COURIER

STATE OF ALABAMA
DEPARTMENT OF FINANCE
DIVISION OF PURCHASING
P O BOX 302620
MONTGOMERY, AL 36130-2620

STATE OF ALABAMA
DIVISION OF PURCHASING
RSA UNION BUILDING
100 N. UNION ST., SUITE 192
MONTGOMERY, AL 36104

SIGNATURE AND NOTARIZATION REQUIRED

I HAVE READ THE ENTIRE BID AND AGREE TO FURNISH EACH ITEM OFFERED AT THE PRICE QUOTED.
I HERBY AFFIRM I HAVE NOT BEEN IN ANY AGREEMENT OR COLLUSION AMONG BIDDERS IN
RESTRAINT OF FREEDOM OF COMPETITION BY AGREEMENT TO BID AT A FIXED PRICE OR TO
REFRAIN FROM BIDDING.

SWORN TO AND

FEIN OR SSN

AUTHORIZED SIGNATURE (INK)

SUBSCRIBED BEFORE ME THIS

COMPANY NAME

TYPE/PRINT AUTHORIZED NAME

_____ DAY OF _____

MAIL ADDRESS

TITLE

NOTARY PUBLIC

CITY, STATE, ZIP

TOLL FREE NUMBER

TERM EXP: _____

PHONE INCLUDING AREA CODE

FAX NUMBER

STANDARD TERMS & CONDITIONS

VENDOR NAME :

VENDOR NUMBER: -

ITB NO. : 11-X-2207454

PAGE 2

INVITATION TO BID

OPEN DATE : 09/10/10 TIME: 10:00 AM

T-NUMBER : TA678

RETURN DATE: 09/09/10 TIME: 5:00 PM

AUTHORITY:

THE DEPARTMENT OF FINANCE CODE OF ADMINISTRATIVE PROCEDURE, CHAPTER 355-4-1 EFFECTIVE DECEMBER 20, 2001 IS INCORPORATED BY REFERENCE AND MADE A PART OF THIS DOCUMENT. TO RECEIVE A COPY CALL (334)242-7250, OR OUR WEBSITE WWW.PURCHASING.ALABAMA.GOV .

INFORMATION AND ASSISTANCE TO MINORITY AND WOMEN-OWNED BUSINESSES IN ACQUIRING M/WBE CERTIFICATION MAY BE OBTAINED FROM THE OFFICE OF MINORITY BUSINESS ENTERPRISE, 1-800-447-4191.

BID (ITB) RESPONSE INSTRUCTIONS

REV: 07/15/10

1. TO SUBMIT A RESPONSIVE BID, READ THESE INSTRUCTIONS, ALL TERMS, CONDITIONS AND SPECIFICATIONS.
2. BID ENVELOPES/PACKAGES/BOXES MUST BE IDENTIFIED ON FRONT, PREFERABLY LOWER LEFT CORNER AND BE VISIBLE WITH THE BID NUMBER AND OPENING DATE. EACH INDIVIDUAL BID (IDENTIFIED BY A UNIQUE BID NUMBER) MUST BE SUBMITTED IN A SEPARATE ENVELOPE. RESPONSES TO MULTIPLE BID NUMBERS SUBMITTED IN THE SAME ENVELOPE/COURIER PACKAGE, THAT ARE NOT IN SEPARATE ENVELOPES PROPERLY IDENTIFIED, WILL BE REJECTED. THE DIVISION OF PURCHASING DOES NOT ASSUME RESPONSIBILITY FOR LATE BIDS FOR ANY REASON INCLUDING THOSE DUE TO POSTAL, OR COURIER SERVICE. BID RESPONSES MUST BE IN THE DIVISION OF PURCHASING OFFICE PRIOR TO THE "RECEIVE DATE AND TIME" INDICATED ON THE BID.
3. BID RESPONSES (PAGE 1, PRICE SHEET AND ADDENDUMS (WHEN SIGNATURE IS REQUIRED)) MUST BE IN INK OR TYPED ON THIS DOCUMENT. OR EXACT FORMAT WITH SIGNATURES BEING HANDWRITTEN ORIGINALS IN INK (PERSON SIGNING BID, NOTARY, AND NOTARY EXPIRATION), OR THE BID WILL BE REJECTED. UNLESS INDICATED IN THE BID, ALL PRICE PAGES MUST BE COMPLETED AND RETURNED. IF AN ITEM IS NOT BEING BID, IDENTIFY IT AS NB (NO-BID). PAGES SHOULD BE SECURED. THE DIVISION OF PURCHASING DOES NOT ASSUME RESPONSIBILITY FOR MISSING PAGES. FAXED BID RESPONSES WILL NOT BE ACCEPTED.
4. THE UNIT PRICE ALWAYS GOVERNS REGARDLESS OF THE EXTENDED AMOUNT. A UNIT PRICE CHANGE ON A LINE MUST BE INITIALED BY THE PERSON SIGNING THE BID, OR THAT LINE WILL BE REJECTED. THIS INCLUDES A CROSS-OUT, STRIKE-OVER, INK-OVER, WHITE-OUT, ERASURE, OR ANY OTHER METHOD CHANGING THE PRICE.
5. THE DIVISION OF PURCHASING IS NOT RESPONSIBLE FOR MISINTERPRETATION OF DATA FAXED FROM THIS OFFICE.
6. THE DIVISION OF PURCHASING REQUIRES AN ORIGINAL AND A MINIMUM OF ONE COMPLETE EXACT COPY (TO INCLUDE SIGNATURE AND NOTARY) OF THE INVITATION-TO-BID RESPONSE. THE ORIGINAL AND THE COPY SHOULD BE SUBMITTED TOGETHER AS A BID PACKAGE. FAILURE TO MARK RESPONSES AS "ORIGINAL" AND/OR "COPY" COULD RESULT IN THE ENTIRE BID RESPONSE BEING REJECTED.
7. AN IMPROPERLY SUBMITTED BID, LATE BID, OR BID THAT IS CANCELLED ON OR BEFORE THE OPENING DATE WILL BE HELD FOR 90 DAYS AND THEN DESTROYED. THE BID MUST BE RETRIEVED DURING REGULAR WORK HOURS, MONDAY - FRIDAY, EXCEPT STATE HOLIDAYS. AFTER THE BID IS DESTROYED, THE DIVISION OF PURCHASING ASSUMES NO RESPONSIBILITY FOR THE DOCUMENT.

DISQUALIFIED/CANCELLED BID

BIDS THAT ARE IMPROPERLY SUBMITTED OR RECEIVED LATE WILL BE A RESPONSE FOR RECORD, BUT WILL NOT BE RETURNED OR A NOTIFICATION MAILED.

THE FOLLOWING IS A PARTIAL LIST WHEREBY A BID RESPONSE WILL BE DISQUALIFIED:

BID NUMBER NOT ON FACE OF ENVELOPE/COURIER PACKAGE/BOX
RESPONSES TO MULTIPLE BID NUMBERS IN SAME ENVELOPE NOT PROPERLY IDENTIFIED
BID RECEIVED LATE
BID NOT SIGNED/NOT ORIGINAL SIGNATURE
BID NOT NOTARIZED/NOT ORIGINAL SIGNATURE OF NOTARY AND/OR NO NOTARY EXPIRATION
NOTARIZED OWN SIGNATURE
REQUIRED INFORMATION NOT SUBMITTED WITH BID
FAILURE TO SUBMIT THE ORIGINAL BID AND A COMPLETE EXACT COPY

CERTIFICATION PURSUANT TO ACT NO. 2006-557

ALABAMA LAW (SECTION 41-4-116, CODE OF ALABAMA 1975) PROVIDES THAT EVERY BID SUBMITTED AND CONTRACT EXECUTED SHALL CONTAIN A CERTIFICATION THAT THE VENDOR, CONTRACTOR, AND ALL OF ITS AFFILIATES THAT MAKE SALES FOR DELIVERY INTO ALABAMA OR LEASES FOR USE IN ALABAMA ARE REGISTERED, COLLECTING, AND REMITTING ALABAMA STATE AND LOCAL SALES, USE, AND/OR LEASE TAX ON ALL TAXABLE SALES AND LEASES INTO ALABAMA. BY SUBMITTING THIS BID, THE BIDDER IS HEARBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ACT NO. 2006-557, THEY ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-116, AND ACKNOWLEDGES THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.

SPECIAL TERMS & CONDITIONS

VENDOR NAME :

VENDOR NUMBER: -
ITB NO. : 11-X-2207454
OPEN DATE : 09/10/10 TIME: 10:00 AM
T-NUMBER : TA678
RETURN DATE: 09/09/10 TIME: 5:00 PM

PAGE 3

INVITATION TO BID

VENDOR REGISTRATION AND FEE PAYMENT ONLINE

EFFECTIVE SEPTEMBER 1, 2010, VENDORS MUST REGISTER ONLINE TO RECEIVE NOTIFICATION OF BIDS. GO TO WWW.PURCHASING.ALABAMA.GOV TO REGISTER. BIDS WILL NOT BE ACCEPTED FROM NON-REGISTERED VENDORS. A VENDOR'S REGISTRATION MUST BE MAINTAINED THROUGHOUT THE LIFE CYCLE OF AN AWARDED CONTRACT, TO INCLUDE RENEWAL PERIODS. AT THE TIME OF REGISTRATION, VENDOR MUST PAY A BIENNIAL REGISTRATION FEE. PAYMENT MUST BE MADE BY CREDIT CARD, DEBIT CARD, OR BY ELECTRONIC CHECK.

INTENT TO AWARD

EFFECTIVE MAY 1, 2008, THE STATE OF ALABAMA - DIVISION OF PURCHASING WILL ISSUE AN 'INTENT TO AWARD' BEFORE A FINAL AWARD IS MADE. THE 'INTENT TO AWARD' WILL CONTINUE FOR A PERIOD OF FIVE (5) CALENDAR DAYS, AFTER WHICH A PURCHASE ORDER WILL BE PRODUCED. UPON FINAL AWARD, ALL RIGHTS TO PROTEST ARE FORFEITED. A DETAILED EXPLANATION OF THIS PROCESS MAY BE REVIEWED IN THE ALABAMA ADMINISTRATIVE CODE - CHAPTER 355-4-1(14).

ALTERNATE BID RESPONSE

UNLESS STATED ELSEWHERE IN THIS INVITATION-TO-BID (ITB) THE STATE OF ALABAMA WILL ACCEPT AND EVALUATE ALTERNATE BID SUBMITTALS ON ANY ITB'S. ALTERNATE BID RESPONSES WILL BE EVALUATED ACCORDING TO THE REQUIREMENTS AS ALL OTHER RESPONSES TO THIS ITB.

INTERNET WEBSITE LINK'S

INTERNET AND/OR WEBSITE LINKS WILL NOT BE ACCEPTED IN BID RESPONSES AS A MEANS TO SUPPLY ANY REQUIREMENTS STATED IN THIS ITB (INVITATION-TO-BID).

PRODUCT DELIVERY, RECEIVING AND ACCEPTANCE

IN ACCORDANCE WITH THE UNIVERSAL COMMERCE CODE (CODE OF ALABAMA, TITLE 7), AFTER DELIVERY, THE STATE OF ALABAMA HAS THE RIGHT TO INSPECT ALL PRODUCTS BEFORE ACCEPTING. THE STATE WILL INSPECT PRODUCTS IN A REASONABLE TIMEFRAME. SIGNATURE ON A DELIVERY DOCUMENT DOES NOT CONSTITUTE ACCEPTANCE BY THE STATE. THE STATE WILL ACCEPT PRODUCTS ONLY AFTER SATISFACTORY INSPECTION.

SALES TAX EXEMPTION

PURSUANT TO THE CODE OF ALABAMA, 1975, TITLE 40-23-4 (A) (11), THE STATE OF ALABAMA IS EXEMPT FROM PAYING SALES TAX. AN EXEMPTION LETTER WILL BE FURNISHED UPON REQUEST.

INVOICES

INQUIRIES CONCERNING PAYMENT AFTER INVOICES HAVE BEEN SUBMITTED ARE TO BE DIRECTED TO THE RECEIVING AGENCY, NOT THE DIVISION OF PURCHASING

BID RESPONSES AND BID RESULTS

UNEVALUATED BID RESPONSES (NOT BID RESULTS) ARE AVAILABLE ON OUR WEB SITE AT WWW.PURCHASING.ALABAMA.GOV. BID RESULTS WILL BE MADE AVAILABLE FOR REVIEW IN THE DIVISION OF PURCHASING OFFICE, BUT ONLY AFTER THE BID HAS BEEN AWARDED. WE DO NOT FAX OR MAIL COPIES OF BID RESULTS. IF A VENDOR WISHES TO REVIEW BID RESULTS IN OUR OFFICE, THEY SHOULD FAX THEIR REQUEST TO REVIEW THE BID TWO DAYS IN ADVANCE TO THE "BID REVIEW CLERK" AT (334) 242-4419. BE SURE TO REFERENCE THE BID NUMBER.

FOREIGN CORPORATION - CERTIFICATE OF AUTHORITY

ALABAMA LAW PROVIDES THAT A FOREIGN CORPORATION (AN OUT-OF-STATE

SPECIAL TERMS & CONDITIONS

VENDOR NAME :

VENDOR NUMBER: -
ITB NO. : 11-X-2207454
OPEN DATE : 09/10/10 TIME: 10:00 AM
T-NUMBER : TA678
RETURN DATE: 09/09/10 TIME: 5:00 PM

PAGE 4

INVITATION TO BID

COMPANY/FIRM) MAY NOT TRANSACT BUSINESS IN THE STATE OF ALABAMA UNTIL IT OBTAINS A CERTIFICATE OF AUTHORITY FROM THE SECRETARY OF STATE. SECTION 10-2B-15.01, CODE OF ALABAMA 1975. TO OBTAIN FORMS FOR A CERTIFICATE OF AUTHORITY, CONTACT THE SECRETARY OF STATE, CORPORATIONS DIVISION, (334) 242-5324. THE CERTIFICATE OF AUTHORITY DOES NOT KEEP THE VENDOR FROM SUBMITTING A BID.

BID IDENTIFICATION

REFERENCE PAGE 2, ITEM 2. DUE TO THE POSTAL SERVICE PUTTING BAR CODE LABELS ON ENVELOPES, IT CONCEALS THE BID NUMBER AND DATE IF THE VENDOR HAS WRITTEN THEM OTHER THAN THE LOWER LEFT CORNER, THEREFORE THE BID WOULD BE REJECTED FOR NOT BEING PROPERLY IDENTIFIED.

PURPOSE:

THE PURPOSE OF THIS ITB IS TO ESTABLISH AN AGENCY CONTRACT FOR THE ALABAMA MEDICAID AGENCY FOR THE PRODUCTION OF SEVERAL DIFFERENT FORMS CONTAINING VARIABLE DATA. MEDICAID WILL BE THE SOLE USER OF THIS CONTRACT.

AWARD:

AWARD WILL BE MADE "ALL OR NONE" TO THE LOWEST RESPONSIBLE BIDDER MEETING ALL SPECIFICATIONS.

* TO DETERMINE THE "LOWEST" BID, CALCULATIONS WILL BE DONE AS FOLLOWS:

LINE 01 UNIT PRICE X 1
LINE 02 UNIT PRICE X 1
LINE 03 UNIT PRICE X 1
LINE 04 UNIT PRICE X 1
LINE 05 UNIT PRICE X 1
LINE 06 UNIT PRICE X 1
LINE 07 UNIT PRICE X 1

THESE LINE AMOUNTS WILL BE COMBINED TO DETERMINE THE "LOWEST" BID.

NOTE: THE BID UNIT PRICE PER FORM MUST BE CALCULATED BY THE BIDDING VENDOR BASED ON THE COST OF THE BIDDERS ESTIMATED PREP TIME, MATERIALS AND PROFIT MARGINS NEEDED TO SUCCESSFULLY PRODUCE A COMPLETE FORM MAILER PACKET AS SPECIFIED. IDENTIFIED PAPER RESOURCES AND ESTIMATED MONTHLY AND/OR ANNUAL QUANTITIES ARE PROVIDED IN THE SPECIFICATIONS TO ASSIST THE BIDDER IN DETERMINING OR CALCULATING THE UNIT PRICE.

ASSIGNMENT OF CONTRACT:

TO ASSIGN, SUBLET OR TRANSFER ANY CONTRACT RESULTING FROM THIS SOLICITATION, THE VENDOR'S WRITTEN REQUEST MUST BE APPROVED BY THE STATE PURCHASING DIRECTOR.

PERFORMANCE GUARANTEE:

VENDOR WILL FURNISH WITHIN TEN STATE WORKING DAYS AFTER NOTIFICATION OF AWARD, A PERFORMANCE GUARANTEE IN THE AMOUNT SPECIFIED BELOW AS A GUARANTEE TO PROVIDE GOODS OR SERVICES SPECIFIED IN THE BID. IT SHALL BE MADE PAYABLE TO THE STATE OF ALABAMA AND CAN BE A CASHIER'S CHECK, OTHER TYPE BANK CERTIFIED CHECK (PERSONAL/COMPANY CHECKS ARE NOT ACCEPTABLE), BANKS OR POSTAL MONEY ORDER OR SURETY BOND ISSUED BY A COMPANY AUTHORIZED TO DO BUSINESS WITHIN THE STATE OF ALABAMA. IRREVOCABLE LETTER OF CREDIT AND CERTAIN U.S. NOTES AND BONDS MAY BE ACCEPTED WHEN APPROVED BY DIVISION OF PURCHASING AT LEAST 24 HOURS PRIOR TO BID OPENING. REFERENCE THE BID NUMBER ON THE GUARANTEE. THE DIVISION OF PURCHASING WILL BE THE CUSTODIAN OF THE PERFORMANCE GUARANTEE. THE PERFORMANCE GUARANTEE WILL BE RETURNED UPON COMPLETION OF THE CONTRACT.

SPECIAL TERMS & CONDITIONS

VENDOR NAME :

VENDOR NUMBER: -
ITB NO. : 11-X-2207454
OPEN DATE : 09/10/10 TIME: 10:00 AM
T-NUMBER : TA678
RETURN DATE: 09/09/10 TIME: 5:00 PM

PAGE 5

INVITATION TO BID

PERFORMANCE GUARANTEE AMOUNT: 20% OF THE 1ST CONTRACT YEAR TOTAL
(SEE ABOVE FOR HOW CALCULATIONS WILL BE PERFORMED - PURCHASING WILL
ADVISE AWARDED VENDOR, AT TIME OF AWARD, OF THE EXACT AMOUNT THE
PERFORMANCE GUARANTEE MUST BE FOR)

CONTRACT PERIOD:

ESTABLISH A 12 MONTH CONTRACT WITH AN OPTION TO EXTEND FOR A SECOND,
THIRD, FOURTH, AND FIFTH 12 MONTH PERIOD WITH THE SAME PRICING, TERMS
AND CONDITIONS. THE SECOND, THIRD, FOURTH, OR FIFTH 12 MONTH PERIOD,
IF AGREED BY BOTH PARTIES, WOULD BEGIN THE DAY AFTER THE FIRST,
SECOND, THIRD, OR FOURTH 12 MONTH PERIOD EXPIRES. ANY SUCCESSIVE
EXTENSION MUST HAVE WRITTEN APPROVAL OF BOTH THE STATE AND VENDOR NO
LATER THAN 30 DAYS PRIOR TO EXPIRATION OF THE PREVIOUS 12 MONTH
PERIOD.

PRORATION:

ANY PROVISION OF A CONTRACT RESULTING FROM THIS BID TO THE CONTRARY
NOTWITHSTANDING, IN THE EVENT OF FAILURE OF THE STATE TO MAKE PAYMENT
HEREUNDER AS A RESULT OF PARTIAL UNAVAILABILITY, AT THE TIME SUCH
PAYMENT IS DUE, OF SUCH SUFFICIENT REVENUES OF THE STATE TO MAKE SUCH
PAYMENT (PRORATION OF APPROPRIATED FUNDS FOR THE STATE HAVING BEEN
DECLARED BY THE GOVERNOR PURSUANT TO SECTION 41-4-90 OF THE CODE OF
ALABAMA 1975), THE CONTRACTOR SHALL HAVE THE OPTION, IN ADDITION TO
THE OTHER REMEDIES OF THE CONTRACT, OF RENEGOTIATING THE CONTRACT
(EXTENDING OR CHANGING PAYMENT TERMS OR AMOUNTS) OR TERMINATING THE
CONTRACT.

REQUESTED INFORMATION:

ANY ADDITIONAL INFORMATION REQUESTED FROM A VENDOR MUST BE FURNISHED
WITHIN FIVE (5) BUSINESS DAYS FROM RECEIPT OF REQUEST.

* NOTE: REQUEST FOR ADDITIONAL INFO, IF ANY, WILL BE FOR CLARIFICATION
PURPOSES ONLY. NO ADDITIONAL DOCUMENTATION WILL BE ACCEPTED. ALL
REQUIRED DOCUMENTATION MUST BE SUBMITTED, AS PER THE BID SPECS, OR
THE BID WILL BE REJECTED.

COMPLETION OF PRICE PAGES ON ITB AND ATTACHMENT:

THE "PRICE PAGES" ON THE ITB AND WITHIN THE SPECIFICATIONS MUST BE
COMPLETED AND RETURNED OR THE BID WILL BE REJECTED.

IN THE EVENT OF A DISCREPANCY, THE UNIT PRICE ON THE ITB WILL GOVERN.

FIRM PRICING:

BID PRICES MUST BE VALID FOR ACCEPTANCE FOR A MINIMUM OF 45 DAYS FROM
BID OPENING TO ALLOW SUFFICIENT TIME FOR EVALUATION AND AWARD OF THE
BID.

QUANTITY:

ALL QUANTITIES SHOWN ARE ESTIMATED. ACTUAL QUANTITIES MAY BE MORE OR
LESS. PURCHASE ORDERS WILL REFLECT THE ACTUAL QUANTITIES BEING
ORDERED. THE STATE DOES NOT GUARANTEE THAT ANY CERTAIN QUANTITY WILL
BE PURCHASED.

VENDOR REFERENCES:

VENDORS MUST PROVIDE A MINIMUM OF THREE REFERENCES, AS PER THE BID
SPECIFICATIONS. REFERENCES MUST BE SUBMITTED WITH THE BID, ALONG WITH
ALL OTHER REQUIRED DOCUMENTATION, OR THE BID WILL BE REJECTED.

MOCK-UPS/PROTOTYPES:

THE APPARENT LOWEST BIDDER SHALL BE REQUIRED TO SUBMIT
A MINIMUM OF TWO SAMPLES OF EACH FORM, AT NO ADDITIONAL COST
TO THE STATE OF ALABAMA, WITHIN 2 WEEKS OF WRITTEN NOTIFICATION BY
ALABAMA MEDICAID AGENCY.

SEE THE BID SPECIFICATIONS FOR MOCK-UPS/PROTOTYPES DETAILS.

SPECIAL TERMS & CONDITIONS

VENDOR NAME :

VENDOR NUMBER: -
ITB NO. : 11-X-2207454
OPEN DATE : 09/10/10 TIME: 10:00 AM
T-NUMBER : TA678
RETURN DATE: 09/09/10 TIME: 5:00 PM

PAGE 6

INVITATION TO BID

MOCK-UPS/PROTOTYPES WILL BE USED TO ASSURE THE AGENCY THAT THE APPARENT LOW VENDOR CAN PRODUCE ALL FORMS TO BID SPECIFICATIONS.

FAILURE TO PRODUCE ALL FORMS WITHIN THE ALLOTTED TIME FRAME OR FAILURE TO PRODUCE FORMS THAT MEET ALL SPECIFICATIONS WILL RESULT IN BID REJECTION.

POINT OF CONTACT:

ALL BIDDERS MUST LIST BELOW A MINIMUM OF TWO (PRIMARY AND SECONDARY) CONTACTS RESPONSIBLE FOR DEALING DIRECTLY WITH MEDICAID ON ALL FACETS OF THIS CONTRACT.

PRIMARY:

NAME: _____
ADDRESS: _____

TELEPHONE: _____
FAX: _____
EMAIL: _____

SECONDARY:

NAME: _____
ADDRESS: _____

TELEPHONE: _____
FAX: _____
EMAIL: _____

HIPPA AGREEMENT:

THE AWARDED VENDOR WILL BE REQUIRED TO SIGN A BUSINESS ASSOCIATE AGREEMENT WITH THE ALABAMA MEDICAID AGENCY AS REQUIRED UNDER HIPAA.

LOCATION:

PRODUCTION PROCESSING, PRINTING AND MAILING MAY BE DONE IN OR OUTSIDE OF THE STATE OF ALABAMA. EACH FILE PROCESSED BY THE VENDOR MUST BE SUCCESSFULLY COMPLETED IN ACCORDANCE WITH THE TIME FRAMES AS SPECIFIED FOR EACH DOCUMENT TYPE IN THE ITB SPECIFICATIONS.

SPECIAL TERMS & CONDITIONS

VENDOR NAME :

VENDOR NUMBER:

ITB NO. : 11-X-2207454

OPEN DATE : 09/10/10 TIME: 10:00 AM

T-NUMBER : TA678

RETURN DATE: 09/09/10 TIME: 5:00 PM

PAGE 7

INVITATION TO BID

THE FOLLOWING CONFERENCES WILL BE HELD

CONFERENCE

LOCATION

MANDATORY PRE-BID CONFERENCE

DATE: 08/18/10

TIME: 10:00 AM

STATE PURCHASING

RSA UNION BUILDING

100 NORTH UNION ST., SUITE 192

MONTGOMERY, AL 36104

ATTACHMENTS

VENDOR NAME :

VENDOR NUMBER: -
ITB NO. : 11-X-2207454
OPEN DATE : 09/10/10 TIME: 10:00 AM
T-NUMBER : TA678
RETURN DATE: 09/09/10 TIME: 5:00 PM

PAGE 8

INVITATION TO BID

***** IMPORTANT INSTRUCTIONS *****

IT IS THE VENDOR'S RESPONSIBILITY TO READ THIS ENTIRE ITB FROM BEGINNING TO END AND TO COMPLY WITH ALL INSTRUCTIONS AND TERMS AND CONDITIONS OF THE BID.

ALL BIDDERS MUST SEND A MINIMUM OF ONE ORIGINAL AND FIVE EXACT COPIES OF THE BID AND ONE COMPLETE SOFTCOPY ON A CD IN PDF OR OFFICE 2007 DOCUMENT FORMATS. THIS TERM AND CONDITION REPLACES THE INSTRUCTION ON PAGE 2 OF THIS ITB.

COMPLETE COPIES MUST INCLUDE THE ITB (INCLUDING THE SIGNATURE AND COMPLETE NOTARY), AS WELL AS ALL REQUIRED DOCUMENTS, INCLUDING ATTACHMENT PRICE PAGES AND OTHER PAGES OF THE ATTACHMENT CONTAINING INFORMATION REQUIRED TO BE RETURNED PLUS THE CD OR YOUR BID WILL BE REJECTED.

ALL BIDDERS MUST ATTEND THE MANDATORY PRE-BID CONFERENCE ON 08/18/10. ONLY VENDORS WHO ATTEND THIS MANDATORY PRE-BID CONFERENCE WILL BE ALLOWED TO SUBMIT A BID.

PAY CLOSE ATTENTION TO THE UNIT OF MEASURE FOR EACH LINE AND ENTER A UNIT PRICE ACCORDINGLY. UNITS OF MEASURE MUST NOT BE CHANGED.

SPECIFICATION QUESTIONS MAY BE SUBMITTED, IN WRITING, TO THE BUYER NO LATER THAN 08/11/10 5:00 PM CENTRAL TIME. QUESTIONS AND ANSWERS WILL BE GIVEN TO ALL VENDORS ATTENDING THE MANDATORY PRE-BID ONLY. UNDER NO CIRCUMSTANCES WILL SPECIFICATION QUESTIONS BE DISCUSSED VERBALLY, EITHER BEFORE OR AFTER THE MANDATORY PRE-BID CONFERENCE.

AN ADDENDUM WILL BE MAILED APPROXIMATELY 1 WEEK AFTER THE MANDATORY PRE-BID CONFERENCE TO ALL VENDORS WHO ATTENDED THE CONFERENCE. THIS ADDENDUM WILL EITHER HAVE CHANGES TO THE SPECIFICATIONS ADDRESSED OR IT WILL STATE THAT THERE ARE NO CHANGES TO THE SPECIFICATIONS. THIS ADDENDUM WILL BE THE FINAL WORD ON ALL SPECIFICATIONS.

PROCEDURAL QUESTIONS MAY BE DIRECTED TO THE BUYER, VIA ANY METHOD, UP UNTIL THE BID SUBMISSION DEADLINE.

BUYER CONTACT INFORMATION:
WENDY PENTON
100 NORTH UNION STREET, SUITE 192
MONTGOMERY, AL 36104
FAX: (334) 242-4419
PHONE: (334) 353-7176 (NO SPECIFICATION QUESTIONS)
EMAIL: WENDY.PENTON@PURCHASING.ALABAMA.GOV

THERE IS TO BE NO COMMUNICATION BETWEEN VENDORS AND THE AGENCY DURING THE EVALUATION PROCESS. AN EXCEPTION TO THIS WILL BE IF THE AGENCY NEEDS CLARIFICATION OR WHEN THE AGENCY CONTACTS THE APPARENT LOW VENDOR TO HAVE MOCK-UP/PROTOTYPE FORMS CREATED. COMMUNICATION DURING THE EVALUATION PERIOD MAY BE VERBAL WITH FOLLOW UPS DONE IN WRITING.

PRICE SHEET

VENDOR NAME :

VENDOR NUMBER:

ITB NO. : 11-X-2207454

PAGE 9

INVITATION TO BID

OPEN DATE : 09/10/10 TIME: 10:00 AM

T-NUMBER : TA678

RETURN DATE: 09/09/10 TIME: 5:00 PM

LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED AMOUNT
UNLESS SPECIFIED OTHERWISE BELOW: SHIP TO: 062000 / 062M01 ALABAMA MEDICAID AGENCY MEDICAID AGENCY ROOM 1012 501 DEXTER AVE MONTGOMERY AL 36104					
00001	COMMODITY CODE: 966-12-047334 PRODUCTION, PROCESSING AND PRINTING, SOBRA 291B MAILER PACKETS. ***** ESTIMATED MONTHLY QUANTITY: 14,983 ESTIMATED ANNUAL QUANTITY: 179,797 *****	1	EACH	_____	_____
00002	COMMODITY CODE: 966-12-047335 PRODUCTION, PROCESSING AND PRINTING, DOR 207I MAILER PACKETS. ***** ESTIMATED MONTHLY QUANTITY: 1,682 ESTIMATED ANNUAL QUANTITY: 20,188 *****	1	EACH	_____	_____
00003	COMMODITY CODE: 966-12-048931 PRODUCTION, PROCESSING AND PRINTING, DOR 207P MAILER PACKETS. ***** ESTIMATED MONTHLY QUANTITY: 1598 ESTIMATED ANNUAL QUANTITY: 19,187 *****	1	EACH	_____	_____
00004	COMMODITY CODE: 966-12-048974 PRODUCTION, PROCESSING AND PRINTING, DOR 207Q MAILER PACKETS. ***** ESTIMATED MONTHLY QUANTITY: 2,398 ESTIMATED ANNUAL QUANTITY: 28,780 *****	1	EACH	_____	_____
00005	COMMODITY CODE: 966-12-048976 PRODUCTION, PROCESSING AND PRINTING, RECIPIENT RENEWAL REMINDERS. ***** ESTIMATED MONTHLY QUANTITY: 14,983 ESTIMATED ANNUAL QUANTITY: 179,797 *****	1	EACH	_____	_____
00006	COMMODITY CODE: 966-12-050405 PRODUCTION PROCESSING AND PRINTING, PRIVACY NOTICES.	1	EACH	_____	_____

PAGE TOTAL

PRICE SHEET

VENDOR NAME :

VENDOR NUMBER:

ITB NO. : 11-X-2207454

PAGE 10

OPEN DATE : 09/10/10 TIME: 10:00 AM

T-NUMBER : TA678

RETURN DATE: 09/09/10 TIME: 5:00 PM

INVITATION TO BID

LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENDED AMOUNT
-------------	-------------------------------	----------	------	------------	--------------------

ESTIMATED MONTHLY QUANTITY: 5,875
ESTIMATED ANNUAL QUANTITY: 70,500

00007	COMMODITY CODE: 966-12-053522 PRODUCTION PROCESSING AND PRINTING, PRIVACY NOTICE POST CARDS.	1	EACH	_____	_____
-------	--	---	------	-------	-------

ESTIMATED TRI-ANNUAL 2012 QUANTITY:
2,000,000.00 (TWO MILLION)

ESTIMATED TRI-ANNUAL 2015 QUANTITY:
3,500,000,00 (THREE MILLION FIVE HUNDRED
THOUSAND).

PAGE TOTAL

BID TOTAL

Alabama Medicaid Agency



INVITATION TO BID 11-X-2207454

SOBRA 291B

AND

OTHER MEDICAID FORMS

DOCUMENT SPECIFICATIONS

AUGUST 2010

Table of Content

1.00 MAILER PACKETS WORK DESCRIPTION AND REQUIREMENTS	6
1.05 Work Description	6
1.10 GENERAL REQUIREMENTS	6
1.20 SOBRA 291B Mailer Packet Requirements	11
1.20.01 SOBRA 291B Mailer Packet Paper Requirements	13
1.20.02 SOBRA 291B Mailer Packet Paper Inventory Requirements	13
1.20.03 SOBRA 291B Mailer Packet Form Template and Variable Data Requirements	14
1.20.04 Interior Left Logical Page on Physical 291B PAGE 1 Requirements	15
1.20.05 Interior Right Logical Page on Physical 291B PAGE 1 Requirements	16
1.20.06 Exterior Left Logical Page on Physical 291B PAGE 1 Requirements	16
1.20.07 Exterior Right Logical Page on Physical 291B PAGE 1 Requirements	17
1.20.08 Interior Left Logical Page on Physical 291B PAGE 2 Requirements	17
1.20.09 Interior Right Logical Page on Physical 291B Page 2 Requirements	17
1.20.10 Exterior Left Logical Page on Physical 291B PAGE 2 Requirements	18
1.20.11 Exterior Right Logical Page on Physical 291B PAGE 2 Requirements	18
1.20.12 SOBRA 291B Mailer Packet Processing and Postal Mailing Requirements	18
1.20.13 SOBRA 291B Mailer Packet Estimated Quantities	20
1.30 DOR 207I Mailer Packet Requirements	21
1.30.01 DOR 207I Mailer Packet Paper Requirements	22
1.30.02 DOR 207I Mailer Packet Paper Inventory Requirements	23
1.30.03 DOR 207I Mailer Packet Form Template and Variable Data Requirements	23
1.30.04 Interior Left Logical Page on Physical 207I PAGE 1 Requirements	25
1.30.05 Interior Right Logical Page on Physical 207I PAGE 1 Requirements	25
1.30.06 Exterior Left Logical Page on Physical 207I PAGE 1 Requirements	26
1.30.07 Exterior Right Logical Page on Physical 207I PAGE 1 Requirements	26
1.30.08 Interior Left Logical Page on Physical 207I PAGE 2 Requirements	27
1.30.09 Interior Right Logical Page on Physical 207I PAGE 2 Requirements	27
1.30.10 Exterior Left Logical Page on Physical 207I PAGE 2 Requirements	27
1.30.11 Exterior Right Logical Page on Physical 207I PAGE 2 Requirements	27
1.30.12 DOR 207I Mailer Packet Processing and Postal Mailing Requirements	28
1.30.13 DOR 207I Mailer Packet Estimated Quantities	29
1.40 DOR 207P Mailer Packet Requirements	30
1.40.01 DOR 207P Mailer Packet Paper Requirements	31
1.40.02 DOR 207P Mailer Packet Paper Inventory Requirements	32
1.40.03 DOR 207P Mailer Packet Form Template and Variable Data Requirements	32
1.40.05 Interior Right Logical Page on Physical 207P PAGE 1 Requirements	34
1.40.06 Exterior Left Logical Page on Physical 207P PAGE 1 Requirements	35
1.40.07 Exterior Right Logical Page on Physical 207P PAGE 1 Requirements	35
1.40.08 Interior Left Logical Page on Physical 207P PAGE 2 Requirements	35
1.40.09 Interior Right Logical Page on Physical 207P PAGE 2 Requirements	36
1.40.10 Exterior Left Logical Page on Physical 207P PAGE 2 Requirements	36

1.40.11 Exterior Right Logical Page on Physical 207P PAGE 2 Requirements	36
1.40.12 DOR 207P Mailer Packet Processing and Postal Mailing Requirements	36
1.40.13 DOR 207P Mailer Packet Estimated Quantities	38
1.50 DOR 207Q Mailer Packet Requirements	39
1.50.01 DOR 207Q Mailer Packet Paper Requirements.....	40
1.50.02 DOR 207Q Mailer Packet Paper Inventory Requirements	41
1.50.03 DOR 207Q Mailer Packet Form Template and Variable Data Requirements	41
1.50.04 Interior Left Logical Page on Physical 207Q PAGE 1 Requirements	43
1.50.05 Interior Right Logical Page on Physical 207Q PAGE 1 Requirements	43
1.50.06 Exterior Left Logical Page on Physical 207Q PAGE 1 Requirements	44
1.50.07 Exterior Right Logical Page on Physical 207Q PAGE 1 Requirements	44
1.50.08 Interior Left Logical Page on Physical 207Q PAGE 2 Requirements	44
1.50.09 Interior Right Logical Page on Physical 207Q PAGE 2 Requirements	45
1.50.10 Exterior Left Logical Page on Physical 207Q PAGE 2 Requirements	45
1.50.11 Exterior Right Logical Page on Physical 207Q PAGE 2 Requirements	45
1.50.12 DOR 207Q Mailer Packet Processing and Postal Mailing Requirements	46
1.50.13 DOR 207Q Mailer Packet Estimated Quantities.....	47
1.60 Recipient Renewal Reminder (RRR) Mailer Packet Requirements.....	48
1.60.01 RRR Mailer Packet Paper Requirements	49
1.60.02 RRR Mailer Packet Paper Inventory Requirements.....	49
1.60.03 RRR Mailer Packet Form Template and Variable Data Requirements	50
1.60.04 Interior Logical Page on Physical RRR PAGE 1 Requirements	51
1.60.05 Exterior Logical Page on Physical RRR PAGE 2 Requirements.....	52
1.60.06 RRR Mailer Packet Processing and Postal Mailing Requirements.....	52
1.60.07 RRR Mailer Packet Estimated Quantities	53
1.70 Privacy Notice Mailer Packet Requirements	54
1.70.01 Privacy Notice Mailer Packet Paper Requirements	55
1.70.02 Privacy Notice Mailer Packet Paper Inventory Requirements	55
1.70.03 Privacy Notice Mailer Packet Form Template and Variable Data Requirements.....	55
1.70.04 Interior Left Logical Page on Physical PN PAGE 1 Requirements	57
1.70.05 Interior Right Logical Page on Physical PN PAGE 1 Requirements	57
1.70.06 Exterior Left Logical Page on Physical PN PAGE 2 Requirements	58
1.70.07 Exterior Right Logical Page on Physical PN PAGE 2 Requirements	58
1.70.08 Privacy Notice Mailer Packet Processing and Postal Mailing Requirements	58
1.70.09 Privacy Notice Mailer Packet Estimated Quantities.....	60
1.80 Tri-Annual Privacy Notice Post Cards (PNPC) Mailer Packet Requirements	61
1.80.01 PNPC Mailer Packet Paper Requirements.....	62
1.80.02 PNPC Mailer Packet Paper Inventory Requirements	62
1.80.03 PNPC Mailer Packet Form Template and Variable Data Requirements	62
1.80.04 Interior/Back Logical Page on Physical PNPC PAGE 1 Requirements	64
1.80.05 Exterior/Front Logical Page on Physical PNPC PAGE 2 Requirements	65
1.80.06 PNPC Mailer Packet Processing and Postal Mailing Requirements	65
1.80.07 PNPC Mailer Packet Estimated Quantities.....	66
1.90 Address Change File Requirements.....	67

APPENDIX A - MEDICAID BUSINESS ASSOCIATE ADDENDUM.....	68
APPENDIX B - SOBRA 291B MAILER PACKET RENEWAL FILE.....	74
APPENDIX C - DOR 207I MAILER PACKET REVIEW FILE	88
APPENDIX D - DOR 207P MAILER PACKET REVIEW FILE.....	96
APPENDIX E - DOR 207Q MAILER PACKET REVIEW FILE.....	100
APPENDIX F - RECIPIENT RENEWAL REMINDER MAILER PACKET FILE	105
APPENDIX G - PRIVACY NOTICE MAILER PACKET FILE.....	106
APPENDIX H - PRIVACY NOTICE POST CARDS MAILER PACKET FILE	107
APPENDIX I – CHANGE OF ADDRESS FILE	108
ATTACHMENT 1 - SOBRA 291B MAILER PACKET MOCK-UP/PROTOTYPE	109
ATTACHMENT 2 – DOR 207I MAILER PACKET MOCK-UP/PROTOTYPE.....	110
ATTACHMENT 3 – DOR 207P MAILER PACKET MOCK-UP/PROTOTYPE	111
ATTACHMENT 4 - DOR 207Q MAILER PACKET MOCK-UP/PRPTOTYPE	112
ATACHMENT 5 – RECIPIENT RENEWAL REMINDER MAILER PACKET MOCK-UP/PROTOTYPE	113
ATTACHMENT 6 – PRIVACY NOTICE MAILER PACKET MOCK-UP/PROTOTYPE.....	114
ATTACHMENT 7 – PRIVACY NOTICE POST CARDS MAILER PACKET MOCK-UP/PROTOTYPE.....	115

BLANK PAGE

1.00 MAILER PACKETS WORK DESCRIPTION AND REQUIREMENTS

1.05 WORK DESCRIPTION

The Awarded Contractor of this ITB shall provide and maintain the required resources (software, hardware, manpower, paper, printing equipment, and supplies) to create, maintain, process and produce the following Medicaid forms in accordance to the specifications in this ITB:

- Monthly Sixth Omnibus Budget Reconciliation Act (SOBRA) 291B Renewal (SOBRA 291B) forms,
- Monthly District Office Reviews (DORs) (Institutional Reviews (DOR 207I), Specified Low Income Medicare Beneficiary (SLIMB)/Qualified Individual One (QI-1) (DOR 207P), and Passive and Qualified Medicare Beneficiaries Qualified Medicare Beneficiary (QMB) (DOR 207Q),
- Monthly Recipient Renewal Reminders (RRR),
- Monthly Health Information Portability Accountability Act (HIPAA) Privacy Notices (PN),
- Tri-Annual (once every three years as indicated by **Medicaid**) HIPAA Privacy Notice Post Cards (PNPC).

NOTE: After the awarding of the contract, the winning vendor may submit a written proposal with proposed changes to the above form templates or processing requirements as defined in this ITB that may result in significant cost savings or productivity or efficiency increases for **Medicaid**. *However, the proposed solution(s) cannot be proprietary. The Awarded Contractor's proposed changes may be considered as a possible solution when the ITB is up for rebid and the specifications for the proposed solution may be included in the next bid released for the electronic printing services.*

1.10 GENERAL REQUIREMENTS

The Awarded Contractor must meet the following general requirements under this ITB:

1. Have and maintain the required printing equipment and software capable of storing electronic form templates, merging or nesting multiple pages and mapping variable data elements from specific records onto the form templates and printing a complete mailer packet in accordance with the specifications as defined herein.
2. Have and maintain train professional personnel to operate and maintain the digital electronic printing equipment.
3. Conduct and document a thorough analysis of the variable data content and requirements for each form type, each data element type and format, each form's data element mapping requirements, each form printing requirements, logical form printing and merging, physical page merging/nesting, physical and logical page placement, make-up of a complete mailer packet and ongoing maintenance.
4. Conduct and document a thorough analysis of each mailer packet's processing, security and postal mailing requirements.
5. Coordinate, meet and work with designated **Medicaid** Information Systems Division staff on the format, content, variable data elements, fonts, font sizes, printing logistics, program coding, file formats, processing procedures, data mapping, variable data merging and logistics for the SOBRA 291Bs, DORs, Recipient Renewal Reminders, Privacy Notices, and the Tri-Annual Privacy Notice Post Cards.
6. Coordinate and acquire designated **Medicaid** authorized authority sign-off on final products produced prior to moving new or modified forms, coding logic, data mapping, data merging, mailer packets and processing schedules into production.

7. Electronically generate each form type's logical and physical pages in accordance with **Medicaid**'s form specifications and requirements as specified herein or as specified by **Medicaid** for required document change request including folding and tabbing physical pages of a mailer packet as needed to produce a complete mailer packet.
8. Precisely map variable recipient data from each monthly or tri-annual file record onto the proper electronic generated template logical and physical page in accordance with the specifications herein.
9. Generate finished digitally printed separate mailer packets for each record in each monthly SOBRA 291Bs, DORs, Recipient Renewal Reminders, Privacy Notices and the Tri-Annual Privacy Notice Post Cards files in accordance with specifications herein or as amended by **Medicaid**.
10. Maintain skilled technical graphic design and programming staff to design electronic form templates according to specification and code program logic and instructions that precisely map variable input data elements onto designated pages of stored and retrievable electronic form templates for each mailer packet type.
11. Maintain, modify, test and validate variable data merging criteria for form changes with designated **Medicaid** staff.
12. Produce on demand or as requested samples of each mailer packet type with sample variable data for review and approval by designated **Medicaid** staff in accordance with contract timeframes or within two weeks or ten business days after receipt of the Medicaid request.
13. Maintain all electronic form templates for each page of each document type in accordance with the specifications herein or as modified based on **Medicaid** policy, rules or regulation changes.
14. Have and maintain up-to-date United States Postal Service (USPS) certified National Change of Address (NCOA) software and databases (for address changes to new or forwarded addresses).
15. Process each production electronic **Medicaid** file received against the NCOA database and correct addresses of all matched records and subsequently produce a Change of Address file(s) containing records that had an address change (see Section 1.90 for file requirements).
16. Coordinate with designated **Medicaid** staff on the creation, format and subsequent FTP of the NCOA database Change of Address files to **Medicaid**.
17. Have and maintain up-to-date Coding Accuracy Support Systems (CASS) and Presort Accuracy Validation and Evaluation (PAVE) USPS certified software.
18. Have and maintain technical staff skilled that are skilled with CASS and PAVE software and postal rules and regulations.
19. Process each production Medicaid file received with corrected mailing address (after NCOA processing) using CASS and PAVE USPS certified software to validated and standardized addresses (matches only) per USPS specifications, presorted and properly mark each mailer packet in accordance with USPS postal rules and regulations to generate postal endorsement lines and delivery point barcodes and to achieve optimum postal discounts.
20. Have the required electronic equipment, software, communication protocol and technical support personnel to support and provide a secure end-to-end FTP server or secure Web FTP site with dedicated user IDs and encrypted passwords for the receipt and transmission of electronic files.
21. Securely store all files received from **Medicaid** and keep them inaccessible by unauthorized personnel.
22. Maintain and enforce policy and procedures for quality control and assurance for designing, developing, implementing, processing and handling of electronic generated forms, templates, variable data, files, and product reviews.
23. Have and maintain software that securely removes Medicaid files from all storage media including backup files.
24. Within sixty (60) business days after a Medicaid file is received and processed it must be securely remove from the Contractor's electronic storage media.
25. All unusable, damaged or inferior quality produced mailer packets must be shredded or fully destroyed using a Medicaid approved process for secure disposal.

26. Maintain paper suppliers that produce the required paper products that meet or exceed the requirements of this ITB, paper suppliers must be able to respond quickly, ship and deliver paper stock so required stock levels are maintained or in emergency cases to quickly replace depleted, damaged or destroyed paper stock.
27. Procure and maintain adequate inventories of paper stock, including specialized envelop paper, printing supplies and other required resources necessary to meet the printing and processing requirements, deadlines and inventory levels as specified herein.
28. Identify and maintain a Disaster Recovery (DR) site with equivalent and compatible electronic equipment and software components that can assume the production requirements whereby current production backup copies of all required printer files and libraries (fonts, images, forms, related source and compiled code) can be restored and the DR equipment must be capable of; interpreting variable data mapping source and complied code, storing and retrieving form templates, fonts, images, merging or nesting paper per requirements, and processing the required paper stock, DR site must also have on site or be able to procure within forty eight (48) hours; the required paper stock, printing supplies and USPS certified NCOA, CASS and PAVE software necessary to continue production of the mailer packets for the monthly SOBRA 291Bs, DORs, Recipient Renewal Reminders, Privacy Notices and the Tri-Annual Privacy Notice Post Cards in case of long term equipment failure or a man made or natural disaster that prohibits the primary printing and processing facility from meeting the processing and printing requirements of this ITB.
29. Maintain DR backups of form templates, mapping coding instructions, fonts, and associated electronic files offsite from the main production facility.
30. Test and validate disaster recovery plans, procedures, identifying and securing offsite facilities to continue the receipt, processing and production of the monthly; SOBRA 291B, DORs, Recipient Renewal Reminders, Privacy Notices and the Tri-Annual Privacy Notice Post Cards mailer packets in accordance with the specifications herein, in the event of a man made or natural disaster or extended equipment malfunctions.
31. Identify and maintain DR secure offsite FTP servers or a secure web FTP site, proper software and telecommunications services that can be setup within forty eight hours to receive the monthly or tri-annual files transmitted from the **Medicaid** (Contractor must provide IP and/or other FTP server information and assist **Medicaid** staff with the set-up and testing as needed).
32. Maintain DR continuity plans that document detail plans for the continued receipt, processing and production of contracted electronic forms as defined herein or as part of the final contract.
33. Keep all SOBRA 291B, DORs, Recipient Renewal Reminder, Privacy Notice and Tri-Annual data files secure and confidential according to **Medicaid** and HIPAA Privacy and Security requirements, (available upon request).
34. Provide contact information and email addresses of a primary and alternate vendor contact for technical issues and email or telephone notification that **Medicaid** electronically transmitted its designated monthly or tri-annual file to the vendor's designated FTP site.
35. Coordinate with the designated Medicaid Postal Requirements coordinator, as identified herein to ensure that adequate funds are in the designated **Medicaid** postal account to mail each monthly SOBRA 291B, DORs, Recipient Renewal Reminder, Privacy Notice and Tri-Annual Privacy Notice Post Card files processed and mailer packets produced in its entirety and in accordance with the requirements defined herein.
36. Design, develop and implement Medicaid approved production ready SOBRA 291B forms with full variable data mapping and merging functionality in accordance with specifications herein within fifteen (15) to thirty (30) days after Contract signing or no later than October 1, 2010.
37. Design, develop and implement Medicaid approved DOR and Privacy Notice Mailer Packets within ninety (90) to one-hundred and twenty (120) days from the contract signing or the timeframe negotiated with the **Medicaid** forms coordinator(s).
38. Design, develop and implement Medicaid approved Tri-Annual Privacy Notice Post Cards within sixty (120) days after receiving production deliver notification from the Medicaid Privacy Officer.

39. Sign a Business Associate Addendum (BAA) (see sample in **Appendix A**), actual BAA shall be part of the Contract signing.

All Contractor developed and maintained **Medicaid** form templates, data merging program code developed to create the mailer packets shall become the property of **Medicaid** and the State of Alabama. At **Medicaid's** request the Awarded Contractor shall provide **Medicaid** with an electronic copy of the production property items on electronic media such as a Compact Disk (CD) or flash/thumb drives or other approved electronic media and presented/delivered the media to a designated **Medicaid** staff no later than five business days after **Medicaid's** request. Any proprietary software or hardware used to create and maintain the electronic form templates shall remain the property of the Awarded Contractor.

NOTE: After the awarding of the contract, if Medicaid requires a change to any document under this ITB that significantly changes the technical specifications of a document and as such significantly impacts the production cost for the Contractor, Medicaid may cancel this ITB and rebid the ITB so a fair market cost per item can be bid by prospective vendors based on the new specifications.

The individuals designated by this ITB and the signed contract to coordinate activities, resolve questions, monitor contractor performance, approve payments, data privacy and security requirements, and ensure that all contract requirements are met are as follows:

ITB Issues, Invoice Payment, form or paper issues:

Terrell Flowers, Director
Information Systems Division
Alabama Medicaid Agency
501 Dexter Avenue, Room 5018
P. O. Box 5624
Montgomery, Alabama 36103-5624
Telephone: (334) 242-5901
Fax: (334) 242-0544
Email: Terrell.Flowers@medicaid.alabama.gov
Medicaid Website: <http://medicaid.alabama.gov>

Data Format, Content, Security, Privacy, secure FTP Requirements, Processing Logistics, Forms, Variable Data Format and Mapping, NCOA, CASS and PAVE Software, Contractor Performance:

Michael Kelley, Director
Division of Application Software Development and Support
Alabama Medicaid Agency
501 Dexter Avenue, Room 5072
P. O. Box 5624
Montgomery, Alabama 36103-5624
Telephone: (334) 353-4106
Fax: (334) 242-0544
Email: Michael.Kelley@medicaid.alabama.gov

SOBRA 291B Forms, Recipient Renewal Reminder s, Format and Variable Data Mapping, Content, Processing and Mailing Timeframes:

Sharon Parker, Director
Family Certification Division
Alabama Medicaid Agency
501 Dexter Avenue, Room 6070
P. O. Box 5624
Montgomery, Alabama 36103-5624
Telephone: (334) 242-1714
Fax: (334) 242-0544
Email: Sharon.Parker@medicaid.alabama.gov

DOR Forms, Format and Variable Data Mapping, Content, Processing and Mailing Timeframes:

Luann McQueen, Director
Elderly and Disable Certification Division
Alabama Medicaid Agency
501 Dexter Avenue, Room 6088
P. O. Box 5624
Montgomery, Alabama 36103-5624
Telephone: (334) 242-1716
Fax: (334) 353-3928
Email: Luann.McQueen@medicaid.alabama.gov

HIPAA Privacy Officer and Privacy Notice and Privacy Notice Post Cards Format and variable Data Mapping, Content, Processing and Mailing Timeframes:

Clay Gaddis, Director
Contracts, Procurement and Privacy
Alabama Medicaid Agency
501 Dexter Avenue, Room 5032
P. O. Box 5624
Montgomery, Alabama 36103-5624
Telephone: (334) 242-5838
Fax: (334) 242-0544
Email: Clay.Gaddis@medicaid.alabama.gov

Health Information Portability Accountability Act (HIPAA) Security Officer, file security requirements:

Lesia Todd-Williams, Director
Infrastructure Services
Alabama Medicaid Agency
501 Dexter Avenue, Room 5048
P. O. Box 5624
Montgomery, Alabama 36103-5624
Telephone: (334) 242-5969
Fax: (334) 242-0544
Email: Lesia.Todd-Williams@medicaid.alabama.gov

Postal Requirements, Mailing Timeframes, Printing, Paper Requirements, Contractor Billing and Payment, Postal Account Maintenance and Oversight, Monthly and Tri-Annual Logistics and Coordination, Contractor Performance, Problem Notification:

Faye Smith, Associate Director
Administrative Services Division
Alabama Medicaid Agency
501 Dexter Avenue, Room 5038
P. O. Box 5624
Montgomery, Alabama 36103-5624
Telephone: (334) 242-5825
Fax: (334) 242-2125
Email: Faye.Smith@medicaid.alabama.gov

Medicaid shall provide payment to the Awarded Contractor for the successful processing, printing and mailing of each monthly SOBRA 291B, DORs, Recipient Renewal Reminder, Privacy Notice, and Tri-Annual Privacy Notice Post Card files in accordance with the contacted rate per completed and mailed mailer packet. The line item extended invoiced amount shall be calculated as the unit price for the document type times the number of documents successfully processed for the billable month (**Document Unit Price X Quantity Processed = Extended Invoiced Amount**). The Awarded Contractor shall invoice **Medicaid** on the first of each month or in accordance with the Contractors billing cycle. Each Awarded Contractor's monthly invoice shall contain separate line items for each processed and mailed mailer packet type for the month of the billing.

During the life of the contract, costs or expenses that occur because of the Awarded Contract's error(s) or equipment malfunctions that result in reprocessing or the reproduction of mailer packets for the SOBRA 291B, DORs, Recipient Renewal Reminder, Privacy Notice or Tri-Annual Privacy Notice Post Cards electronic form templates, coding logic or file processing and delivery **shall not** be billable to **Medicaid**. Costs and expenses that occur because of **Medicaid's** error(s) that result in reprocessing or the reproduction of the files or mailer packets for the SOBRA 291B, DORs, Recipient Renewal Reminder, Privacy Notice or Tri-Annual Privacy Notice Post Cards because of electronic form template design errors, erroneous coding logic instructions or file processing and delivery errors shall be billable to **Medicaid** according to the contracted rate schedule as part of the this ITB. The responsible party of the error must be mutually identified and agreed to in writing as the doer, prior to incurring cost or expenses for the errors. Such errors must be thoroughly documented and shall include remedies to stop the error from reoccurring as part of the written record of agreement. Any unresolved issues, errors, or disagreement between the parties to the awarded ITB on any part of the contract or any amendment to the contract must be mediated through legal means via legal staff representing both entities.

NOTE: *The Contractor's submitted unit price per document must be a rate that is sufficient to cover the entire Contractor's cost to prepare (development and maintain), process and produce a production mail ready mailer packet.*

1.20 SOBRA 291B MAILER PACKET REQUIREMENTS

At Medicaid's request, the apparent lowest bidder must submit a minimum of two (2) SOBRA 291B mock-ups/prototypes of their solution within two (2) weeks of written notification from **Medicaid**. Each submitted mock-

up/prototype must meet or exceed the **SOBRA 291B Mailer Packet requirements defined in this section and sections 1.20.01 through sections 1.20.13 of this ITB.** Bidding vendors may choose to use a font and point size that is similar in appearance and size to the fonts and point sizes that are used on the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1.** The Awarded Contractor's shall produce the production SOBRA 291B Mailer Packets form templates fixed and variable text data using **Medicaid** designated or identified fonts and font sizes. The bidding vendor's mock-ups/prototypes and the production SOBRA 291B Mailer Packets shall be printed using **BLACK ink only**; the colored ink used in the mock-ups/prototypes in the appendices of this ITB are for reference purposes only and **should not** be duplicated on the vendor's mock-ups/prototypes.

Each month's SOBRA 291B Mailer Packet file must be completely processed and delivered to the USPS for postmarking and delivery based on the timeframe designated in **Section 1.20.12** of this document. A complete SOBRA 291B Mailer Packet shall meet or exceed the following requirements:

- Have a physical outer 11" X 17" white double-layer specialized envelope sheet of paper with a built in 4 ½" X 11" envelope pre-populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from the presorted SOBRA 291B Mailer Packet Renewal file records produced after the monthly files has been processed through the USPS CASS and PAVE USPS certified software,
- Have a physical inner 11" X 17" sheet of **yellow paper** pre-populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from the presorted SOBRA 291B Mailer Packet Renewal file records produced after the monthly files has been processed through the USPS CASS and PAVE USPS certified software,
- Must have each form template and variable data element printed in the correct order and location on each sheet of the SOBRA 291B Mailer Packet,
- **Nesting** of the physical duplex printed inner 11" X 17" **yellow paper** in the physical outer duplex printed 11" X 17" white double layer specialized envelope sheet of paper,
- **Nesting** of the inner physical page with the outer physical page shall occur at the same time the pages are printed, to avoid instances of unmatched pages (information from different SOBRA 291B records) and for the production of a complete SOBRA 291B Mailer Packet, **this specification does not allow the outer physical page and inner physical page to be printed separately and then matched back together after printing. Vendors submitting a bid that does not meet this requirement shall result in bid rejection,**
- Both the outer and inner nested printed 11" X 17" sheets must contain the correct and precisely mapped variable data elements from one unique SOBRA 291B Mailer Packet Renewal file record without any commingling of variable data elements from other SOBRA 291B Mailer Packet Renewal file records in the same or other files,
- The nested inner and outer pages shall make one SOBRA 291B Mailer Packet,
- Each SOBRA 291B Mailer Packet shall be folded to a size of 5 ½" X 8 ½" and doubled tabbed at the top opened end in accordance with USPS requirements,
- Each SOBRA 291B Mailer Packet must be kept in presorted order as they are processed, folded and tabbed. Machine malfunctions resulting in a SOBRA 291B Mailer Packet being damaged or misprinted shall require that the damaged or misprinted SOBRA 291B Mailer Packet to be reprinted and re-inserted into its proper place in accordance with the presort order, the Awarded Contractor's quality control procedures shall require the Awarded Contractor's staff to validate that the damaged or misprinted SOBRA 291B Mailer Packet has been replaced and placed in its proper presorted order and that the damaged or misprinted SOBRA 291B Mailer Packet has been properly removed and shredded,

- Processed SOBRA 291B Mailer Packets shall be placed in mailing trays, bags, or pallets, etc... in accordance to the PAVE USPS certified software specifications produced from the production processing of each monthly SOBRA 291B Mailer Packet Renewal file.

1.20.01 SOBRA 291B Mailer Packet Paper Requirements

The first physical outer page of the SOBRA 291B Mailer Packet is a **specialized envelope sheet** that shall be referenced in this ITB as 291B PAGE 1. 291B PAGE 1 paper specifications for the SOBRA 291B Mailer Packet are as follows:

- Dimensions weight and bond; 11" X 17" 60# offset text white double layer specialized envelope paper with a built in 4 ½" X 11" envelope.
- Perforated lines; one vertical center fold perforation shall be located at approximately 8 ½" from the left and right edge of the 17" width. A second vertical perforation line shall be located approximately 5" from the right edge of the 17" width. The perforated lines on a physical sheet must remain intact during all levels of the production and delivery of the SOBRA 291B Mailer Packet.
- Built in envelope; a 4 ½" X 11" specialized built-in die-cut tear-off envelope with a ½" glue flap or strip that shall be constructed on the right side of the 11" X 17" 291B PAGE 1. This flap of removable paper shall conceal either a self sealing glue strip or a dry glue trail sealable with an application of moisture. The envelope portion of the 11" X 17" paper shall be removable at the second vertical perforation line located approximately 5" from the right edge of the 17" width. The interior of the envelope shall have dimensions sufficient to completely accommodate a 291B PAGE 2 (defined below) that is folded on the designated fold lines with no exposure of the inserted 291B PAGE 2 section to the glue strip area of the envelope seal flap.

The physical inner nested **yellow** page of the SOBRA 291B Mailer Packet is a separate physical page that shall be referenced to as 291B PAGE 2. The SOBRA 291B Mailer Packet 291B PAGE 2 paper specifications are as follows:

- Dimensions weight and bond; 11" X 17" 60 # **yellow** uncoated offset text paper.
- A center fold of 291B PAGE 2 shall be approximately 8 ½" from the left and right edge of the 17" width.

1.20.02 SOBRA 291B Mailer Packet Paper Inventory Requirements

The Awarded Contractor shall be required to maintain **two (2) months of paper inventory** (current and next month) of the 11" X 17" specialized envelope white bonded 60# offset text paper and the 11" X 17" **yellow** bonded 60# offset text paper in stock during the life of the awarded contract including any optional years exercised by **Medicaid**. Paper inventory levels for each month must be maintained at a level that is eight-thousand (8,000) above the average monthly SOBRA 291B Mailer Packets processing estimated levels specified in Figure 2.10.03 of Section 2.10.13 to adequately address increases in SOBRA eligibility doing a month. **(Monthly Maintained Inventory Level = Average Monthly SOBRA 291B Mailer Packet Renewals + 8,000)**. *The allowable exception to the required inventory levels that must be maintained by the Awarded Contractor is for the designated and identified last month of the contract. This allowable inventory exception is made to relieve the Awarded Contractor of any unnecessary expenses associated with paper acquisition, inventory, storage and upkeep.*

1.20.03 SOBRA 291B Mailer Packet Form Template and Variable Data Requirements

Attachment 1 of this ITB contains the **Medicaid's** mock-up/prototype for the SOBRA 291B Mailer Packet. The SOBRA 291B Mailer Packet Mock-Up/Prototype demonstrates the required electronic SOBRA 291B Mailer Packet form template format, font, font size, specialized printing and variable data content required for each mailer packet produced. The SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1** and detail requirements within this ITB should be used by the bidding vendors as a reference for developing form templates and the coding and mapping of variable data elements onto the templates to produce a complete SOBRA 291B Mailer Packet. The Awarded Contractor's form templates produced for the production release of the SOBRA 291B Mailer Packet shall always be validated through the Awarded Contractor's Quality Assurance and Control procedures to ensure that all words on the electronic form templates are spelled correctly and that all text, tables, boxes, special characters etc. are printed in the exact location per specifications and requirements prior to release. The SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1** has approximately one hundred and forty-two (142) separate variable data elements imbedded in the electronic forms that must be coded for and mapped in order to produce a complete SOBRA 291B Mailer Packet. **Medicaid's** font preference for the SOBRA 291B Mailer Packet is Times New Roman for text and Wingding for special symbols and boxes. The production font size and style shall be determined by the SOBRA 291B Mailer packet Mock-Up/Prototype in **Attachment 1** in conjunction with designated **Medicaid** and the Awarded Contractor staff.

Each SOBRA 291B Mailer Packet form template is made up of two physical 11" X 17" pages. Each 11" X 17" physical page contains multiple 8 ½" X 11" logical pages. Figure 2.10.01 below is a guide for vendors to use in understanding the meaning of the different ink colors that are used in the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1**. For example, the text printed in **BLUE** ink on the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1** ***should not be printed*** on bidding vendors mock-ups/prototypes or on the any production printed SOBRA 291B Mailer Packet products. The **BLUE** ink markings serve only as a logical page identifier on a physical page for reference purposes only.

FIGURE 1.20.01

<i>INK COLORS ON THE SOBRA 291B MOCK-UP/PROTOTYPE IN <u>ATTACHMENT 1</u></i>	<i>WHAT THE INK REPRESENTS and WHAT IS EXPECTED TO BE PRODUCED BY THE AWARDED CONTRACTOR</i>
BLACK	Fixed text or images that must be printed as represented on the SOBRA 291B Mailer Packet Mock-Up/Prototype in Attachment 1 . The Awarded Contractor is required to build an electronic form template with the text in the exact physical location as the text on each logical and physical page per requirements. All words, tables, underlines, boxes, shading, and images in black ink must be mapped to the electronic form template as demonstrated in the SOBRA 291B Mailer Packet Mock-Up/Prototype in Attachment 1 . The form templates produced must be static and reusable and changeable per Document Change Request (DCR) submitted by Medicaid .
	Represents a logical page identifier to indicate a logical page

BLUE	on a physical page. Text printed in BLUE ink <i><u>should not</u></i> be considered as part of the SOBRA 291B Mailer Packet form and must not be printed as part of the mailer packet; it appears on the mock-up/prototype for logical page location reference purposes only.
RED	Represents variable data elements that are to be coded for and electronically mapping onto the SOBRA 291B Mailer Packets form template from the monthly presorted SOBRA 291B Mailer Packet Renewal file. Text printed in RED ink are to demonstrate the location of a variable data element for mapping and printing purposes only and should not be printed as part of the SOBRA 291B Mailer Packet. Variable data elements that are mapped to these locations shall be printed in <u>bold BLACK ink only.</u>

The table below in figure 1.20.02 demonstrates the logical page index identifiers that are used on the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1**. The logical page index identifiers are provided as points of reference only to communicate and identify a logical page's location on a physical page. The logical page index identifiers are printed in **BLUE** ink on the SOBRA 291B Mailer Packet Mock-Up/Prototype pages in **Attachment 1**. These logical page index identifiers **should not** be considered as printable text that shall appear on the bidding vendor's sample mock-up/prototype or on the production SOBRA 291B Mailer Packet produced by the Awarded Contractor.

NOTE TO VENDORS: *The physical location of a logical page on a physical page is based on an interior to exterior orientation. This means that the interior logical pages should be located and laid out first on a physical page. Then the exterior logical pages should be laid out based on physically flipping the 11" X 17" physical page from the right to left to determine the exterior location of each logical page on the exterior physical page.*

FIGURE 1.20.02

<i>BLUE INK INDEX IDENTIFIER ON THE SOBRA 291B MAILER PACKET MOCK-UP/PROTOTYPE IN <u>ATTACHMENT 1</u></i>	<i>LOGICAL PAGE LOCATION AND SIZE ON PHYSICAL PAGE</i>	<i>PHYSICAL PAGE</i>
IL-P1	Interior left 8 ½" x 11"	291B PAGE 1
IR-P1	Interior right 8 ½" x 11"	291B PAGE 1
EL-P1	Exterior left 8 ½" x 11"	291B PAGE 1
ER-P1	Exterior right 8 ½" x 11"	291B PAGE 1
IL-P2	Interior left 8 ½" x 11"	291B PAGE 2
IR-P2	Interior right 8 ½" x 11"	291B PAGE 2
EL-P2	Exterior left 8 ½" x 11"	291B PAGE 2
ER-P2	Exterior right 8 ½" x 11"	291B PAGE 2

1.20.04 Interior Left Logical Page on Physical 291B PAGE 1 Requirements

IL-P1 is printed on the 11" X 17" white specialized doubled layer return envelope paper and represents the SOBRA 291B Mailer Packet logical page for the enclosed **Medicaid** form letter personalized for each mailer packet recipient. The production form template produced by the Awarded Contractor shall be printed on **Medicaid's** letterhead. **Medicaid** shall provide a letterhead template to the Award Contractor prior to the production template build. Vendors submitting samples of their mock-up/prototype shall not be required to reproduce the State and **Medicaid** seals as illustrated on the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1**. The Awarded Contractor shall build and code a reusable electronic form template for the form letter with the **Medicaid** letterhead. The reusable electronic form letter template shall be formatted and printed in the orientation as demonstrated and illustrated on the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1** with all static text words spelled correctly and printed in the correct font and font size. Variable data elements represented in **RED** ink shall be coded for and mapped to the electronic form template locations as specified in **Appendix B** of this ITB and as illustrated by the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1**. All variable data elements printed on the SOBRA 291B Mailer Packet shall be printed in **bold BLACK ink**. If a variable data element is blank or missing in the monthly SOBRA 291B file and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line, leaving no blank lines between address lines. All other missing data elements in the presorted SOBRA 291B Mailer Packet renewal file record shall be printed as spaces or blanks on the SOBRA 291B Mailer Packet. There should not be any shifting of fixed or variable text on the **IL-P1** logical page when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.20.05 Interior Right Logical Page on Physical 291B PAGE 1 Requirements

IR-P1 is printed on the 11" X 17" white specialized doubled layer return envelope paper and represents the front logical page of the return envelope of the SOBRA 291B Mailer Packet. The Awarded Contractor of this ITB shall build a reusable form template that contains all static text represented in black ink in the designated font and font size with orientations and locations as demonstrated by the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1**. The form template shall be formatted and printed as illustrated in the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1** with all words spelled correctly and printed in the correct font and font size. Variable data elements represented in **RED** ink shall be coded for and mapped to the form template locations as indicated in **Appendix B** of this ITB and as illustrated by the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1**. Variable text return and mailing address blocks printed on **IR-P1** shall be coded for and mapped to the form template locations in accordance with USPS requirements and guidelines. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line, leaving no blank lines between address lines. All other missing data elements in the SOBRA 291B Mailer Packet Renewal file record shall be printed as spaces or blanks on the SOBRA 291B Mailer Packet. There should not be any shifting of fixed or variable text on the **IR-P1** when variable text is not printed on a form template unless otherwise specified (address lines is the exception as previously specified).

1.20.06 Exterior Left Logical Page on Physical 291B PAGE 1 Requirements

EL-P1 represents the logical page on the back side of the physical 11" X 17" white specialized doubled layer return envelope paper that resides on the physical 291B PAGE 1. **EL-P1** shall contain reminder text represented in black ink for the SOBRA 291B Mailer Packet recipient to make sure they have completed the renewal form for SOBRA **Medicaid** or **Medicaid** for Low Income Families and placed proper postage on the return envelope prior to mailing the **yellow** form

back to **Medicaid**. The text from this page shall be coded and mapped onto the form template in the exact font, orientation and location as demonstrated by the SOBRA 291B Mailer Packet Mock-Up/Prototype in **attachment 1**. *There are no variable data elements mapped from the monthly SOBRA 291B Mailer Packet presorted monthly file onto this logical page.*

1.20.07 Exterior Right Logical Page on Physical 291B PAGE 1 Requirements

ER-P1 is printed on the 11" X 17" white specialized doubled layer return envelope paper and represents the SOBRA 291B Mailer Packet's logical page that contains the external mailing address blocks **Medicaid** return address and the SOBRA 291B Mailer Packet recipient. **ER-P1** contains both static and variable text elements. Static text represented in black ink on this page must be coded using the correct font, font size, orientation, and mapped to locations as demonstrated on the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1**. Variable data elements are represented in **RED** ink on the SOBRA 291B Mailer Packet Mock-Up/Prototype and shall be coded for and mapped to the corresponding form template locations as indicated in **Appendix B** of this ITB and as identified in the monthly presorted SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1**. If a variable data element is not in the presorted SOBRA 291B Mailer Packet Renewal file record spaces or blanks shall be printed in its place on the SOBRA 291B Mailer Packet form template. The Awarded Contractor must validate the exact location of all variable printed address blocks and the postal permit indicia on **ER-P1** to meet or exceed USPS postal address requirements. Each object must be mapped onto the physical 291B PAGE 1 according to the USPS specifications. The Awarded Contractor shall also produce and print the required postal endorsement or carrier line as the first line address block on the SOBRA 291B Mailer Packet mailing address label in addition to the delivery point bar code in a USPS approved font and location within the delivery address printing area. If a variable data element is blank or missing in the monthly presorted SOBRA 291B Mailer Packet Renewal file and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line, leaving no blank lines between address lines. There should not be any shifting of fixed or variable text on the **ER-P1** when variable text is not printed on a form template (address lines is the only exception, as previously specified).

1.20.08 Interior Left Logical Page on Physical 291B PAGE 2 Requirements

IL-P2 represents logical "**Page 2**" of the SOBRA **Medicaid** or **Medicaid** for Low Income Families (MLIF), and Plan First Family Planning Renewal application printed on **yellow** 11" X 17" paper. The Awarded Contractor shall build a form template that contains all static text, represented in black ink, underlines, boxes, tables and special characters in the font, font size, orientation, shading and locations as demonstrated by page marked **IL-P2** in the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1**. All variable text represented in **RED** ink on the **IL-P2** logical page shall be coded for and precisely mapped to the corresponding form template locations as indicated in **Appendix B** and as illustrated in the SOBRA 291B Mailer Packet Mock-Up/Prototype in **Attachment 1**. **IL-P2** shall be designed to contain up to a maximum of fifteen (15) lines of variable data elements listed under the form template static text "**7. Household members**". There should not be any shifting of fixed or variable text on the **IL-P2** when variable text is not printed on an electronic form template.

1.20.09 Interior Right Logical Page on Physical 291B Page 2 Requirements

IR-P2 represents logical “**Page 3**” of the SOBRA **Medicaid** or Medicaid for Low Income Families (MLIF), and Plan First Family Planning Renewal application printed on yellow 11” X 17” paper. The Awarded Contactor shall build a form template that contains all static text, represented in black ink, boxes, underlines, tables, and special characters in the font, font size, orientation, shading and locations as demonstrated by the page marked **IR-P2** in the SOBRA 291B Mailer Packet Mock-Up/Prototype in Attachment 1. *There are no variable data elements mapped from the monthly SOBRA 291B file onto logical page IR-P2.*

1.20.10 Exterior Left Logical Page on Physical 291B PAGE 2 Requirements

EL-P2 represents logical “**Page 4**” of the SOBRA Medicaid or Medicaid for Low Income Families (MLIF), and Plan First Family Planning Renewal application printed on yellow 11” X 17” paper. The Awarded Contactor shall build a form template that contains all static text, represented in black ink, underlines and special characters in the font, font size, orientation, shading and locations as demonstrated by the page marked **EL-P2** in the SOBRA 291B Mailer Packet Mock-Up/Prototype in Attachment 1. The variable address block text represented in **RED** ink following the static form text “**Please complete this form and mail it to:**” line printed on **EL-P2** shall be coded for and mapped to the corresponding locations as indicated in Appendix B and as illustrated in the SOBRA 291B Mailer Packet Mock-Up/Prototype in Attachment 1. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor’s technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the monthly presorted SOBRA 291B Mailer Packet Renewal file record shall be printed as spaces or blanks on the SOBRA 291B Mailer Packet. There should not be any shifting of fixed or variable text on the **EL-P2** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.20.11 Exterior Right Logical Page on Physical 291B PAGE 2 Requirements

ER-P2 represents logical “**Page 1**” of the SOBRA Medicaid or Medicaid for Low Income Families (MLIF), and Plan First Family Planning Renewal application printed on yellow 11” X 17” paper. The Contactor Awarded this ITB shall build a form template that contains all static text, boxes, underlines, tables, and special characters in the font, font size, orientation, shading and locations as demonstrated by page marked **ER-P2** in the SOBRA 291B Mailer Packet Mock-Up/Prototype in Attachment 1. All variable text represented in **RED** ink on the **ER-P2** logical page shall be coded for and precisely mapped to the corresponding form template locations as indicated in Appendix B and as illustrated in the SOBRA 291B Mailer Packet Mock-Up/Prototype in Attachment 1. There should not be shifting of fixed or variable text on the **ER-P2** when variable text is not printed on this form template.

1.20.12 SOBRA 291B Mailer Packet Processing and Postal Mailing Requirements

Under a normal processing schedule, **Medicaid** schedules the production of the monthly SOBRA 291B Mailer Packet Renewal file by the twelfth (12th) of each month but no later than the 19th of the month. If the twelfth (12th) of the month or the **Medicaid** elected processing date for the SOBRA 291B Mailer Packet Renewal file scheduled productions falls on a weekend or a designated State holiday the file shall be produced on the first (1st) business day following the weekend or State Holiday. Under circumstances when the SOBRA 291B Mailer Packet Renewal file is produced by **Medicaid** on a

date other than the 12th of the month, **Medicaid's** Computer Operations staff shall notify the Awarded Contractor's designated contact via email and/or telephone of the processing delay and expected delivery date of the monthly SOBRA 291B Mailer Packet Renewal file. Upon receipt of the file, **Medicaid** requires the Awarded Contractor to process and prep the SOBRA 291B Mailer Packet Renewal file in accordance with the requirements and specifications of this ITB.

All mail ready SOBRA 291B Mailer Packets produced by the Awarded Contractor shall be mailed from an Awarded Contractor and **Medicaid** mutually agreed to USPS post office. **Medicaid** shall establish and maintain a prepaid postal permit account at the designated USPS post office agreed upon by both **Medicaid** and the Awarded Contractor. Mailing cost for each processed SOBRA 291B Mailer Packet shall be drawn from the **Medicaid** prepaid postal permit account. Notification instructions are documented below that the Awarded Contractor shall follow.

Upon receipt of the FTPed monthly SOBRA 291B Mailer Packet Renewal file from **Medicaid** the Awarded Contractor shall complete all of the following within five (5) to seven (7) business days.

- Process the SOBRA 291B Mailer Packet Renewal file through the NCOA and CASS software to correct addresses and properly format addresses when exactly matched, unmatched address shall be unchanged,
- Create a Change of Address File based on NCOA database matched and changed addresses, the resulting file must be FTPed back to Medicaid per specifications (see Section 1.90),
- Presort the monthly NCOA and CASS corrected SOBRA 291B Mailer Packet Renewal file by the addressee's address using United States Postal Services Presort Accuracy Validation and Evaluation (PAVE) certified mailing software to achieve the optimum reduced postal presorted rate in accordance with the USPS regulations and requirements for the SOBRA 291B Mailer Packet size, weight and the number of pieces of mail in a bundle, the postal endorsement and delivery point bar code lines shall also be added for printing purposes, USPS required sortation, delivery, packaging and tray/bag tags documentation shall also be produced by the PAVE USPS certified software,
- Print and merge the variable data from the PAVE processed and presorted SOBRA 291B Mailer Packet Renewal file onto the reusable form templates for the SOBRA 291B Mailer Packet producing a complete SOBRA 291B Mailer Packet for each record contained in the PAVE processed presorted SOBRA 291B Mailer Packet Renewal file,
- Fold each SOBRA 291B Mailer Packet to 5 ½" X 8 ½" and double tab at the top to expose the addressee's mailing address and **Medicaid** postal permit in accordance with the USPS rules and regulations,
- Package the finished SOBRA 291B Mailer Packets in the designated postal trays and/or mail bags or other required mailing container in accordance with the sortation and packaging documentation produced by the USPS PAVE certified software,
- Attach the designated tray and/or bag tags to each tray and/or bag in accordance with the sortation and packaging documentation produced by the PAVE USPS certified software,
- Deliver the monthly processed SOBRA 291B Mailer Packets postal trays and/or bags with the required USPS documentation produced by the CASS (signed by the appropriate authority) and PAVE to the designated USPS post office for mailing,
- Notify **Medicaid's** Postal Requirements Coordinator as identified in Section 1.70 via email that the monthly SOBRA 291B Mailer Packet Renewal file for the designated month has been processed and mailed. The Awarded Contractor must include in the email the date and time processed, the quantity of SOBRA 291B Mailer Packets delivered to the USPS post office, the processing cost and the postal cost for mailing and the remaining balance on the **Medicaid** prepaid postal permit account. (The division director over the Postal Requirements Coordinator and other identified division directors shall be carbon copied on the email; **Medicaid** shall provide the email addresses of the division directors that will receive a copy of the email notification after the ITB is awarded.)

1.20.13 SOBRA 291B Mailer Packet Estimated Quantities

The table below in figure 1.20.03 demonstrates the estimated quantities for the SOBRA 291B Mailer Packets **Medicaid** expects to be produced based on historical data. Actual monthly and annual quantities may increase or decrease due to policy, rules or regulation changes. Bidding vendors must use the quantities in figures 1.20.03 in addition to other prep (development and maintenance), processing, time and material cost to compute a unit price for the production of **one SOBRA 291B Mailer Packet.**

Figure 1.20.03

MEDICAID FORM	ESTIMATED MINIMUM MONTHLY QUANTITY	ESTIMATED MAXIMUM MONTHLY QUANTITY	ESTIMATED AVERAGE MONTHLY QUANTITY	ESTIMATED AVERAGE ANNUAL QUANTITY
SOBRA 291B Mailer Packet	12,000	18,900	14,983	179,797

1.30 DOR 207I MAILER PACKET REQUIREMENTS

At Medicaid's request, the apparent lowest bidder must submit a minimum of two (2) DOR 207I mock-ups/prototypes of their solution within two (2) weeks of written notification from **Medicaid**. Each submitted mock-up/prototype must meet or exceed the **DOR 207I Mailer Packet requirements defined in this ITB and sections 1.30.01 through sections 1.30.13 of this ITB.** Bidding vendors may choose to use a font and point size that is similar in appearance and size to the fonts and point sizes that are used on the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2.** The Awarded Contractor shall produce the production DOR 207I Mailer Packets form templates fixed and variable text using the **Medicaid** designated fonts and font sizes. The bidding vendor's mock-up/prototypes and the production DOR 207I Mailer Packets shall be printed using **BLACK ink only**; the colored ink used in the mock-ups/prototypes in the appendices of this ITB are for reference purposes only and **should not** be duplicated on the vendor's mock-ups/prototypes.

The Awarded Contractor shall maintain all electronic form templates designed for the DOR 207I Mailer Packet in accordance with the requirements identified in previous sections of this ITB in addition to **Sections 1.30.01 through Section 1.30.13**. All DOR 207I Mailer Packet form templates and data merging program code designed and maintained by the Awarded Contractor shall become the property of **Medicaid** and the State of Alabama. Any proprietary software or hardware used to create and maintain the electronic form templates shall remain the property of the Awarded Contractor.

Contractor developed DOR 207I Mailer Packet form templates and variable data mapping must be reviewed and approved by designated **Medicaid** staff prior to production release and use. After the awarding of the contract, any **Medicaid** requested change to the DOR 207I Mailer Packet form templates, variable data elements, mapping or file format thereof may be initiated by designated **Medicaid** staff. The Awarded Contractor must produce sample mock-ups/prototypes with simulated test data for the requested document change within five to ten business days after receiving the Medicaid request to change the document. Designated **Medicaid** staff shall review, validate, verify and approve the changes to the DOR 207I Mailer Packet form template or mailer packet prior to implementation and production release of the new document.

All production DOR 207I Mailer Packets files shall be processed against USPS certified NCOA, CASS and PAVE software prior to printing the mailer packets. Recipient's addressing information may be modified as a result of processing through the USPS certified software products. The Awarded Contractor must produce a Change of Address file containing recipient address data that was changed based on processing against the NCOA database. The Change of Address file must be FTPed back to Medicaid in accordance with specifications (see Section 1.90).

Each month's DOR 207I Mailer Packet file must be completely processed and delivered to the USPS post office for postmarking and delivery based on the timeframe designated in Section 1.30.12 of this ITB. A complete DOR 207I Mailer Packet shall meet or exceed the following requirements:

- Have a physical outer 11" X 17" white double-layer specialized envelope sheet of paper with a built in 4 ½" X 11" envelope pre-populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from the monthly presorted DOR 207I Mailer Packet Institutional Review file records produced after the monthly files has been processed through the USPS CASS and PAVE USPS certified software,
- Have a physical inner 11" X 17" sheet of yellow paper pre-populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from

the monthly presorted DOR 207I Mailer Packet Institutional Review file records produced after the monthly files has been processed through the USPS CASS and PAVE USPS certified software,

- Must have each form template and variable data element printed in the correct order and location on each sheet of the DOR 207I Mailer Packet,
- **Nesting of** the physical duplex printed inner 11" X 17" *crème colored* sheet of paper in the physical outer duplex printed 11" X 17" white double layer specialized envelope sheet of paper,
- **Nesting** of the inner physical page with the outer physical page shall occur at the same time the pages are printed, to avoid instances of unmatched pages (information from different DOR 207I Mailer Packet Institutional Review file records) and for the production of a complete DOR 207I Mailer Packet, **this specification does not allow the outer physical page and inter physical page to be printed separately and then matched back together after printing. Vendors submitting a bid that does not meet this requirement shall result in bid rejection.**
- Both the outer and inner nested printed 11" X 17" sheets must contain the correct and precisely mapped variable data elements from one unique DOR 207I Mailer Packet Institutional Review file record without any commingling of variable data elements from other DOR 207I Mailer Packet Institutional Review file records in the same or other files,
- The nested inner and outer pages shall make one DOR 207I Mailer Packet,
- Each DOR 207I Mailer Packet shall be folded to a size of 5 ½" X 8 ½" and doubled tabbed at the top according to USPS requirements,
- Each DOR 207I Mailer Packet must be kept in presorted order as they are processed, folded and tabbed. Machine malfunctions resulting in a DOR 207I Mailer Packet being damaged or misprinted shall require that the damaged or misprinted DOR 207I Mailer Packet to be reprinted and re-inserted into its proper place in accordance with the presort order. The Awarded Contractor's quality control procedures shall require the Awarded Contractor's staff to validate that the damaged or misprinted DOR 207I Mailer Packet has been replaced and placed in its proper presorted order and that the damaged or misprinted DOR 207I Mailer Packet has been shredded,
- Processed DOR 207I Mailer Packets shall be placed in mailing trays, bags, or pallets, etc... in accordance to CASS and PAVE USPS certified software specifications produced from the production processing of each monthly presorted DOR 207I Mailer Packet Institutional Review file.

1.30.01 DOR 207I Mailer Packet Paper Requirements

The first physical outer page of the DOR 207I Mailer Packet is a **specialized envelope sheet** that shall be referenced in this ITB as DOR 207I PAGE 1. DOR 207I PAGE 1 paper specifications for the DOR 207I Mailer Packet are as follows:

- Dimensions weight and bond; 11" X 17" 60# offset text **white** double layer specialized envelope paper with a built in 4 ½" X 11" envelope.
- Perforated lines; one vertical center fold perforation shall be located at approximately 8 ½" from the left and right edge of the 17" width. A second vertical perforation line shall be located approximately 5" from the right edge of the 17" width. The perforated lines on a physical sheet must remain intact during all levels of the production of the DOR 207I Mailer Packet.
- Built in envelope; a 4 ½" X 11" specialized built in specialized built-in die-cut tear-off envelope with a ½" glue flap or strip that shall be constructed on the right side of the 11" X 17" DOR 207I PAGE 1. This flap of removable paper shall conceal either a self sealing glue strip or a dry glue trail sealable with an application of moisture. The envelope portion of the 11" X 17" paper shall be removable at the second vertical perforation line located approximately 5" from the right edge of the 17" width. The interior of the

envelope shall have dimensions sufficient to completely accommodate a DOR 207I PAGE 2 (defined below) that is folded on the designated fold lines with no exposure of the inserted DOR 207I PAGE 2 section to the glue strip area of the envelope seal flap.

The physical inner nested page of the DOR 207I Mailer Packet is a separate physical page that shall be referenced to as DOR 207I PAGE 2. The DOR 207I Mailer Packet DOR 207I PAGE 2 paper specifications are as follows:

- Dimensions weight and bond; 11" X 17" ***crème colored*** bonded 60# uncoated offset text paper.
- A center fold of DOR 207I PAGE 2 shall be approximately 8 ½" from the left and right edge of the 17" width.

1.30.02 DOR 207I Mailer Packet Paper Inventory Requirements

The Awarded Contractor shall be required to maintain ***two (2) months of paper inventory*** (current and next month) of the 11" X 17" specialized envelope ***white*** bonded 60# offset text paper and the 11" X 17" ***crème colored*** bonded 60# offset text paper in stock during the life of the awarded contract including any optional years exercised by **Medicaid**. Paper inventory levels for each month must be maintained at a level that is two-thousand (2,000) above the average monthly of DOR 207I Mailer Packets processing estimated levels in Section 1.30.13 Figure 1.30.03. (**Monthly Maintained Inventory Level = Average Monthly DOR 207I Mailer Packet Reviews + 2,000**). *The allowable exception to the required inventory levels that must be maintained by the Awarded Contractor is for the designated and identified last month of the contract. This allowable inventory exception is made to relieve the Awarded Contractor of any unnecessary expenses associated with paper acquisition, inventory, storage and upkeep.*

1.30.03 DOR 207I Mailer Packet Form Template and Variable Data Requirements

Attachment 2 of this ITB contains the **Medicaid** mock/prototype for the DOR 207I Mailer Packet. The DOR 207I Mailer Packet Mock-Up/Prototype demonstrates the required electronic DOR 207I Mailer Packet template formats, fonts, font sizes, specialized printing and variable data placement for each mailer packet produced. The DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2** and detailed requirements within this ITB should be used by the bidding vendors as a reference for developing form templates and the coding and mapping of variable data elements onto the templates to produce a complete DOR 207I Mailer Packet. The Awarded Contractor's form templates produced for the DOR 207I Mailer Packet shall be reviewed by the Awarded Contractor's Quality Assurance and Control staff using **Medicaid** approved Contractor's policy and procedures to validate that all words on the electronic form templates are spelled correctly and that all text, tables, boxes, special characters etc. are printed in the exact locations, fonts and font sizes per specifications and requirements. The DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2** has approximately one hundred and Twenty-nine (129) separate variable data elements imbedded in the electronic forms that must be coded for and mapped in order to produce a complete DOR 207I Mailer Packet. **Medicaid's** font preference for the DOR 207I Mailer Packet is Times New Roman for text and Wingding for special symbols and boxes. Actual production DOR 207I Mailer Packet fonts, font sizes and style shall be determined by the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2** in conjunction with designated **Medicaid** staff.

Each DOR 207I Mailer Packet form template is made up of two physical 11" X 17" pages. Each 11" X 17" page contains multiple 8 ½" X 11" logical pages. Figure 2.20.01 below is a guide for vendors to use in understanding the meaning of

the different ink colors that are used in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. For example, the text printed in **BLUE** ink on the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2** should not be printed on the vendor’s mock-up/prototype or on the Awarded Contractor’s final DOR 207I Mailer Packet product. The **BLUE** ink markings serve only as a logical page identifier on a physical page for reference purposes.

FIGURE 1.30.01

<i>INK COLORS ON THE DOR 207I MOCK-UP/PROTOTYPE IN ATTACHMENT 2</i>	<i>WHAT THE INK REPRESENTS and WHAT IS EXPECTED TO BE PRODUCED BY THE CONTRACT AWARD VENDOR</i>
BLACK	Fixed text or images that must be printed as represented on the DOR 207I Mailer Packet Mock-Up/Prototype in Attachment 2 . The Awarded Contractor is expected to build an electronic form template with the text in the exact physical location as of the text on each logical page or a physical page. All words, tables, underlines, boxes, shading, and images in black must be mapped to the electronic form template as demonstrated in the DOR 207I Mailer Packet Mock-Up/Prototype in Attachment 2 . The form templates produced must be static, reusable and changeable per documented request from Medicaid .
BLUE	Represents a logical page identifier to indicate a logical page on a physical page. Text printed in BLUE ink should not be considered as part of the DOR 207I Mailer Packet form and must not be printed as part of the mailer packet, this is reference information only.
RED	Represents variable data elements that are to be coded for and electronically mapped onto the DOR 207I Mailer Packet form template from the monthly presorted DOR 207I Mailer Packet Mailer Packet Institutional Review file. Text printed in RED ink are to demonstrate the location of a variable data element for mapping and printing purposes only and should not be printed as part of the DOR 207I Mailer Packet. Variable data elements that are mapped to these locations shall be printed in bold BLACK ink only .

The table below in figure 1.30.02 demonstrates the logical page index identifiers that are used on the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. The logical page index identifiers are provided as points of reference only to communicate and identify a logical page’s location on a physical page. The logical page index identifiers are printed in **BLUE** ink on the DOR 207I Mailer Packet Mock-Up/Prototype pages in **Attachment 2**. These logical page index identifiers **should not** be considered as printable text that shall appear on the bidding vendor’s sample mock-up/prototype or on the production DOR 207I Mailer Packet produced by the Awarded Contractor.

NOTE TO VENDORS: The physical location of a logical page on a physical page is based on an interior to exterior orientation. This means that the interior logical pages should be located and laid out first on a physical page. Then the exterior logical pages should be laid out based on physically flipping the 11” X 17” physical page from the right to left to determine the exterior location of each logical page on the exterior physical page.

FIGURE 1.30.02

<i>BLUE INK INDEX IDENTIFIER ON THE DOR 207I MAILER PACKET MOCK- UP/PROTOTYPE IN <u>ATTACHMENT 2</u></i>	<i>LOGICAL PAGE LOCATION AND SIZE ON PHYSICAL PAGE</i>	<i>PHYSICAL PAGE</i>
<i>IL-P1</i>	Interior left 8 ½" x 11"	207I PAGE 1
<i>IR-P1</i>	Interior right 8 ½" x 11"	207I PAGE 1
<i>EL-P1</i>	Exterior left 8 ½" x 11"	207I PAGE1
<i>ER-P1</i>	Exterior right 8 ½" x 11"	207I PAGE 1
<i>IL-P2</i>	Interior left 8 ½" x 11"	207I PAGE 2
<i>IR-P2</i>	Interior right 8 ½" x 11"	207I PAGE 2
<i>EL-P2</i>	Exterior left 8 ½" x 11"	207I PAGE 2
<i>ER-P2</i>	Exterior right 8 ½" x 11"	207I PAGE 2

1.30.04 Interior Left Logical Page on Physical 207I PAGE 1 Requirements

IL-P1 is printed on the 11" X 17" white double-layer specialized envelope sheet of paper and represents the DOR 207I Mailer Packet logical page for the enclosed **Medicaid** form letter personalized for each recipient. The production form template produced by the Awarded Contractor shall be printed on **Medicaid's** letterhead. **Medicaid** shall provide a letterhead template to the Award Contractor. Bidding vendors submitting samples of their mock-up/prototype shall not be required to reproduce the State and **Medicaid** seals as illustrated in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. The Awarded Contractor shall build and code a reusable electronic form template for the form letter. The form letter template shall be formatted and printed as illustrated in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2** with all words spelled correctly printed in the correct font and font size. Variable data elements represented in **RED** ink shall be coded for and mapped to the form template locations as indicated in **Appendix C** of this ITB and as illustrated by the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the monthly presorted DOR 207I Mailer Packet Institutional Review file record shall be printed as spaces or blanks on the DOR 207I Mailer Packet. There should not be any shifting of fixed or variable text on the **IL-P1** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.30.05 Interior Right Logical Page on Physical 207I PAGE 1 Requirements

IR-P1 is printed on the 11" X 17" white double-layer specialized envelope sheet of paper and represents the front logical page of the return envelope of the DOR 207I Mailer Packet. The Awarded Contractor shall build a reusable form template that contains all static text represented in black ink in the font, orientation and locations as demonstrated by the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. The form template shall be formatted and printed as illustrated in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2** with all words spelled correctly and printed in the

correct font. Variable data elements represented in **RED** ink shall be coded for and mapped to the form template locations as indicated in **Appendix C** of this ITB and as illustrated by the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. Variable text return and mailing address block printed on **IR-P1** shall be coded for and mapped to the form template locations in accordance with USPS requirements and guidelines. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the monthly presorted DOR 207I Mailer Packet Institutional Review file record shall be printed as spaces or blanks on the DOR 207I Mailer Packet. There should not be any shifting of fixed or variable text on the **IR-P1** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.30.06 Exterior Left Logical Page on Physical 207I PAGE 1 Requirements

EL-P1 is printed on the 11" X 17" white double-layer specialized envelope sheet of paper and represents the logical page on the back side of the white specialized doubled layer return envelope paper that resides on physical 207I PAGE 1. **EL-P1** shall contain reminder text represented in black ink for the DOR 207I Mailer Packet recipient to make sure they have completed the review form for the Medicaid Review for Institutional, SSI Related and Home and Community Based Waivers and placed proper postage on the return envelope prior to mailing information back to **Medicaid**. The text from this page shall be coded and mapped onto the form template in the exact font, orientation and location as demonstrated by the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. *There are no variable data elements mapped from the monthly DOR 207I Mailer Packet review file onto this logical page.*

1.30.07 Exterior Right Logical Page on Physical 207I PAGE 1 Requirements

ER-P1 is printed on the 11" X 17" white double-layer specialized envelope sheet of paper and represents the DOR 207I Mailer Packet's logical page that contains the external mailing address block/label for the DOR 207I Mailer Packet recipient. **ER-P1** contains both static and variable text elements. Static text represented in black ink on this page must be coded in the correct font, orientation, and mapped to locations as demonstrated on the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. Variable data elements are represented in **RED** ink on the DOR 207I Mailer Packet Mock-Up/Prototype and shall be coded for and mapped to the corresponding form template locations as indicated in **Appendix C** of this ITB and as identified in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. The Awarded Contractor must validate the exact location of all variable printed address blocks and the postal permit indicia on **ER-P1** to meet or exceed USPS postal address requirements. Each object must be mapped onto the physical 207I PAGE 1 according to the USPS specifications. The Awarded Contractor shall also produce the required postal endorsement or carrier line as the first line address on the DOR 207I Mailer Packet mailing address label in addition to the delivery point bar code in a USPS approved font and location within the delivery address printing area. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the DOR 207I Mailer Packet review file record shall be printed as spaces or blanks on the DOR 207I Mailer Packet. There should not be any shifting of fixed or variable text on the **ER-P1** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.30.08 Interior Left Logical Page on Physical 207I PAGE 2 Requirements

IL-P2 represents logical “**Page 2**” of the Medicaid Renewal for Institutional, SSI Related and Home and Community Based Waivers review application printed on the *crème colored* 11” X 17” paper. The Awarded Contractor shall build a form template that contains all static text, underlines, boxes, tables and special characters in the font, orientation, shading and locations as demonstrated by page marked **IL-P2** in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. All variable text represented in **RED** ink on the **IL-P2** logical page shall be coded for and precisely mapped to the corresponding form template locations as indicated in **Appendix C** and as illustrated in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. **IL-P2** shall be designed to contain up to a maximum of fifteen (15) lines of variable data elements. There should not be shifting of fixed or variable text on the **IL-P2** when variable text is not printed on an electronic form template.

1.30.09 Interior Right Logical Page on Physical 207I PAGE 2 Requirements

IR-P2 represents logical “**Page 3**” of the Medicaid Renewal for Institutional, SSI Related and Home and Community Based Waivers review application printed on the *crème colored* 11” X 17” paper. The Awarded Contractor shall build a form template that contains all static text, boxes, underlines, tables, and special characters in the font, orientation, shading and locations as demonstrated by page marked **IR-P2** in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. *There are no variable data elements mapped from the monthly presorted DOR 207I Mailer Packet Institutional Review file onto logical page IR-P2.*

1.30.10 Exterior Left Logical Page on Physical 207I PAGE 2 Requirements

EL-P2 represents logical “**Page 4**” of the Medicaid Renewal for Institutional, SSI Related and Home and Community Based Waivers review application printed on the *crème colored* 11” X 17” paper. The Awarded Contractor shall build a form template that contains all static text, underlines and special characters in the font, orientation, shading and locations as demonstrated by the page marked **EL-P2** in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. The variable address block text represented in **RED** ink following the “**Please complete this form and mail it to:**” line printed on **EL-P2** shall be coded for and mapped to the corresponding locations as indicated in **Appendix C** and as illustrated in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor’s technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the DOR 207I Mailer Packet Institutional Review file record shall be printed as spaces or blanks on the DOR 207I Mailer Packet. There should not be any shifting of fixed or variable text on the **EL-P2** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.30.11 Exterior Right Logical Page on Physical 207I PAGE 2 Requirements

ER-P2 represents logical “**Page 1**” of the Medicaid Renewal for Institutional, SSI Related and Home and Community Based Waivers review application printed on the *crème colored* 11” X 17” paper. The Awarded Contractor shall build a

form template that contains all static text, boxes, underlines, tables, and special characters in the font, orientation, shading and locations as demonstrated by page marked **ER-P2** in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. All variable text represented in **RED** ink on the **ER-P2** logical page shall be coded for and precisely mapped to the corresponding form template locations as indicated in **Appendix C** and as illustrated in the DOR 207I Mailer Packet Mock-Up/Prototype in **Attachment 2**. There should not be shifting of fixed or variable text on the **ER-P2** when variable text is not printed on this form template.

1.30.12 DOR 207I Mailer Packet Processing and Postal Mailing Requirements

Under a normal processing schedule, **Medicaid** schedules the production of the DOR 207I Mailer Packet Institutional Review file for the tenth (10th) of each month but no later than the twenty (20th) of the month. If the tenth (10th) of the month or the **Medicaid** elected processing date for the DOR 207I Mailer Packet Institutional Review file scheduled productions falls on a weekend or a designated State holiday the file shall be produced on the first (1st) business day following the weekend or State Holiday. The only exception to this schedule shall be during the month of January when Cost Of Living Adjustments (COLA) are applied. The January production of the DOR 207I Mailer Packet Institutional Review file is held until all COLA processing has been completed. The Awarded Contractor shall be notified as to when the January DOR 207I Mailer Packet Institutional Review file is scheduled to be produced. Under circumstances when the DOR 207I Mailer Packet Institutional Review file is produced by **Medicaid** on a date other than the 10th of the month, **Medicaid** shall notify the Awarded Contractor's designated contact (as required in Section 1.70 of this ITB) via email and/or telephone of the processing delay and expected delivery date of the DOR 207I Mailer Packet Institutional Review file. Upon receipt of the file, **Medicaid** requires the Awarded Contractor to process the DOR 207I Mailer Packet Institutional Review file in accordance with the requirements and specifications of this ITB.

All mail ready DOR 207I Mailer Packets produced by the Awarded Contractor shall be mailed from a USPS within the State of Alabama. **Medicaid** shall establish and maintain a prepaid postal permit account at a designated United States Postal Service (USPS) post office agreed upon by both **Medicaid** and the Awarded Contractor. Mailing cost for each processed DOR 207I Mailer Packet shall be drawn from the **Medicaid** prepaid postal permit account. Notification instructions are documented below that the Awarded Contractor shall follow.

Upon receipt of the monthly FTPed DOR 207I Mailer Packet Institutional Review file from **Medicaid** the Awarded Contractor shall complete all of the following within five (5) to seven (7) business days.

- Process the DOR 207I Mailer Packet Institutional Review file through NCOA and CASS software and correct address format and zip codes when exactly matched, unmatched address shall be unchanged,
- Create a Change of Address File based on NCOA database matched and changed addresses, the resulting file must be FTPed back to Medicaid per specifications (see Section 1.90),
- Presort the monthly NCOA and CASS corrected DOR 207I Mailer Packet Institutional Review file by the addressee's address using United States Postal Services Presort Accuracy Validation and Evaluation (PAVE) certified mailing software to achieve the optimum reduced postal presorted rate in accordance with the USPS regulations and requirements for the DOR 207I Mailer Packet size, weight and the number of pieces of mail in a bundle, the postal endorsement and delivery point bar code lines shall also be added for printing purposes, USPS required sortation, delivery, packaging and tray/bag tags documentation shall also be produced by the PAVE USPS certified software,
- Print and merge the variable data from the PAVE processed monthly presorted DOR 207I Mailer Packet Institutional Review file onto the reusable form templates for the DOR 207I Mailer Packet producing a

complete DOR 207I Mailer Packet for each record contained in the PAVE processed monthly presorted DOR 207I Mailer Packet Institutional Review file,

- Fold each DOR 207I Mailer Packet to 5 ½" X 8 ½" and double tab at the top to expose the addressee's mailing address and **Medicaid** postal permit in accordance with the USPS rules and regulations,
- Package the finished DOR 207I Mailer Packets in the designated postal trays and/or mail bags or other required mailing container in accordance with the sortation and packaging documentation produced by the USPS PAVE certified software,
- Attach the designated tray and/or bag tags to each tray and/or bag in accordance with the sortation and packaging documentation produced by the PAVE USPS certified software,
- Deliver the monthly processed DOR 207I Mailer Packets postal trays and/or bags with the required USPS documentation produced by the CASS (signed by the appropriate authority) and PAVE to the designated USPS post office for mailing,
- Notify Medicaid's Postal Requirements Coordinator as identified in Section 1.70 via email that the monthly DOR 207I Mailer Packet Institutional Review file for the designated month has been processed and mailed. The Awarded Contractor must include in the email the date and time processed, the quantity of DOR 207I Mailer Packets delivered to the USPS post office, the processing cost and the postal cost for mailing and the remaining balance on the **Medicaid** prepaid postal permit account. (The division director over the Postal Requirements Coordinator and other identified division directors shall be carbon copied on the email; **Medicaid** shall provide the email addresses of the division directors that will receive a copy of the email notification after the ITB is awarded.)

1.30.13 DOR 207I Mailer Packet Estimated Quantities

The table in figure 1.30.03 below demonstrated the estimated quantity of DOR 207I Mailer Packets **Medicaid** expects to be produced based on historical data. Actual monthly and annual quantities may increase or decrease due to policy, rules or regulation changes. Bidding vendors must use the quantities in figures 1.30.03 in addition to other prep (development and maintenance), processing, time and materials cost to compute a unit price for the production of **one DOR 207I Mailer Packet**.

Figure 1.30.03

<i>MEDICAID FORM</i>	<i>ESTIMATED MINIMUM MONTHLY QUANTITY</i>	<i>ESTIMATED MAXIMUM MONTHLY QUANTITY</i>	<i>ESTIMATED AVERAGE MONTHLY QUANTITY</i>	<i>ESTIMATED AVERAGE ANNUAL QUANTITY</i>
DOR 207I Mailer Packet	1,500	2,050	1,682	20,188

1.40 DOR 207P MAILER PACKET REQUIREMENTS

At Medicaid's request, the apparent lowest bidder must submit a minimum of two (2) DOR 207P mock-ups/prototypes of their solution within two (2) weeks of written notification from **Medicaid**. Each submitted mock-up/prototype must meet or exceed the **DOR 207P Mailer Packet requirements defined in this section and sections 1.40.01 through sections 1.40.13 of this ITB.** Bidding vendors may choose to use a font and point size that is similar in appearance and size to the fonts and point sizes that are used on the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3.** The Awarded Contractor shall produce the production DOR 207P Mailer Packets form templates fixed and variable text using the **Medicaid** designated fonts and font sizes. The bidding vendor's Mock-Up/Prototypes and the production DOR 207P Mailer Packets shall be printed using **BLACK ink only**; the colored ink used in the mock-ups/prototypes in the appendices of this ITB are for reference purposes only and **should not** be duplicated on the vendor's mock-ups/prototypes.

The Awarded Contractor shall maintain all electronic form templates designed for the DOR 207P Mailer Packet in accordance with the requirements identified in previous sections of this ITB in addition to **Sections 1.40 through Section 1.40.13.** All DOR 207P Mailer Packet form templates and data merging program code designed and maintained by the Awarded Contractor shall become the property of **Medicaid** and the State of Alabama. Any proprietary software or hardware used to create and maintain the electronic form templates shall remain the property of the Awarded Contractor.

Contractor developed DOR 207P Mailer Packet form templates and variable data mapping for the DOR 207P Mailer Packet must be reviewed and approved by designated **Medicaid** staff prior to production release and use. After the awarding of the contract, any **Medicaid** requested changes to the DOR 207P Mailer Packet form templates, variable data elements, mapping or file format thereof shall be initiated by **Medicaid** formally submitting a Document Change Request form to the Awarded Contractor. Designated **Medicaid** staff shall review, validate, verify and approve all DOR 207P Mailer Packet form template or mailer packet changes prior to production implementation. The Awarded Contractor shall bill **Medicaid** at the contracted rate for staff time to create or make the required changes to the **Medicaid** form templates, program mapping logic, file formats and processing logistics in accordance with the contracted terms.

All DOR 207P Mailer Packets shall be printed in the presorted order as determined by the CASS and PAVE USPS certified software. Each month's DOR 207P Mailer Packet Passive Review file must be completely processed and delivered to the USPS post office for postmarking and delivery based on the timeframe designated in Section 2.30.13 of this ITB. A complete DOR 207P Mailer Packet shall meet or exceed the following requirements:

- Have a physical outer 11" X 17" **white** double-layer specialized envelope sheet of paper with a built in 4 ½" X 11" envelope pre-populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from the monthly presorted DOR 207P Mailer Packet Passive Review file records produced after the monthly files has been processed through the USPS CASS and PAVE USPS certified software,
- Have a physical inner 11" X 17" sheet of **white** paper pre-populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from the monthly presorted the DOR 207P Mailer Packet Passive Review file records produced after the monthly files has been processed through the USPS CASS and PAVE USPS certified software,
- Must have each form template and variable data element printed in the correct order and location on each sheet of the DOR 207P Mailer Packet,
- **Nesting of** the physical duplex printed inner 11" X 17" **white** sheet of paper in the physical outer duplex printed 11" X 17" white double layer specialized envelope sheet of paper,

- **Nesting** of the inner physical page with the outer physical page shall occur at the same time the pages are printed, to avoid instances of unmatched pages (information from different DOR 207P Mailer Packet Passive Review file records) and for the production of a complete DOR 207P Mailer Packet, **this specification does not allow the outer physical page and inner physical page to be printed separately and then matched back together after printing. Vendors submitting a bid that does not meet this requirement shall result in bid rejection.**
- Both the outer and inner nested printed 11" X 17" sheets must contain the correct and precisely mapped variable data elements from one unique DOR 207P Mailer Packet Passive Review file record without any commingling of variable data elements from other DOR 207P Mailer Packet Passive Review file records in the same or other files,
- The nested inner and outer pages shall make one DOR 207P Mailer Packet,
- Each DOR 207P Mailer Packet shall be folded to a size of 5 ½" X 8 ½" and doubled tabbed at the top according to USPS requirements,
- Each DOR 207P Mailer Packet must be kept in presorted order as they are processed, folded and tabbed. Machine malfunctions resulting in a DOR 207P Mailer Packet being damaged or misprinted shall require that the damaged or misprinted DOR 207P Mailer Packet to be reprinted and re-inserted into its proper place in accordance with the presort order, the Awarded Contractor's quality control procedures shall require the Awarded Contractor's staff to validate that the damaged or misprinted DOR 207P Mailer Packet has been replaced and placed in its proper presorted order and that the damaged or misprinted DOR 207P Mailer Packet has been shredded,
- Processed DOR 207P Mailer Packets shall be placed in mailing trays, bags, or pallets, etc... in accordance to CASS and PAVE USPS certified software specifications produced from the production run and processing of each monthly presorted DOR 207P Mailer Packet Passive Review file.

1.40.01 DOR 207P Mailer Packet Paper Requirements

The first physical outer page of the DOR 207P Mailer Packet is a **specialized envelope sheet** that shall be referenced in this ITB as DOR 207P PAGE 1. DOR 207P PAGE 1 paper specifications for the DOR 207P Mailer Packet are as follows:

- Dimensions weight and bond; 11" X 17" 60# offset text **white** double layer specialized envelope paper with a built in 4 ½" X 11" envelope.
- Perforated lines; one vertical center fold perforation shall be located at approximately 8 ½" from the left and right edge of the 17" width. A second vertical perforation line shall be located approximately 5" from the right edge of the 17" width. The perforated lines on a physical sheet must remain intact during all levels of the production of the DOR 207P Mailer Packet.
- Built in envelope; a 4 ½" X 11" built in specialized built-in die-cut tear-off envelope with a ½" glue flap or strip that shall be constructed on the right side of the 11" X 17" DOR 207P PAGE 1. This flap of removable paper shall conceal either a self sealing glue strip or a dry glue trail sealable with an application of moisture. The envelope portion of the 11" X 17" paper shall be removable at the second vertical perforation line located approximately 5" from the right edge of the 17" width. The interior of the envelope shall have dimensions sufficient to completely accommodate a DOR 207P PAGE 2 (defined below) that is folded on the designated fold lines with no exposure of the inserted DOR 207P PAGE 2 section to the glue strip area of the envelope seal flap.

The physical inner nested page of the DOR 207P Mailer Packet is a separate physical page that shall be referenced to as DOR 207P PAGE 2. The DOR 207P Mailer Packet DOR 207P PAGE 2 paper specifications are as follows:

- Dimensions weight and bond; 11" X 17" **white** uncoated bonded 60# offset text paper. A center fold of DOR 207P PAGE 2 shall be approximately 8 ½" from the left and right edge of the 17" width.

1.40.02 DOR 207P Mailer Packet Paper Inventory Requirements

The Awarded Contractor shall be required to maintain ***two (2) months of paper inventory*** (current and next month) of the 11" X 17" specialized envelope **white** bonded 60# offset text paper and the 11" X 17" **white** bonded 60# offset text paper in stock during the life of the awarded contract including any optional years exercised by **Medicaid**. Paper inventory levels for each month must be maintained at a level that is two-thousand (2,000) above the average monthly of DOR 207P Mailer Packets processing estimated levels in Section 1.40.13 Figure 1.40.03. (**Monthly Maintained Inventory Level = Average Monthly DOR 207P Mailer Packet Reviews + 2,000**). ***The allowable exception to the required inventory levels that must be maintained by the Awarded Contractor is for the designated and identified last month of the contract. This allowable inventory exception is made to relieve the Awarded Contractor of any unnecessary expenses associated with paper acquisition, inventory, storage and upkeep.***

1.40.03 DOR 207P Mailer Packet Form Template and Variable Data Requirements

Attachment 3 of this ITB contains the **Medicaid** mock-up/prototype for the DOR 207P Mailer Packet. The DOR 207P Mailer Packet Mock-Up/Prototype demonstrates the required electronic DOR 207P Mailer Packet template format, font, specialized printing and variable data content required for each mailer packet produced. The DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3** and detailed requirements within this ITB should be used by the bidding vendors as a reference for developing form templates and the coding and mapping of variable data elements onto the templates to produce a complete DOR 207P Mailer Packet. The Awarded Contractor's form templates produced for the DOR 207P Mailer Packet shall always validate through quality assurance and control that all words on the electronic form templates are spelled correctly and that all text, tables, boxes, special characters etc. are printed in the exact location per specifications and requirements. The DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3** has approximately fifty (50) separate variable data elements imbedded in the electronic forms that must be coded for and mapped in order to produce a complete DOR 207P Mailer Packet. Quality control of products produced is a requirement of the Awarded Contractor to validate the electronic form template format, spelling of words, fixed and variable text locations, fonts and font sizes and content of all DOR 207P Mailer Packets produced. **Medicaid's** font preference for the DOR 207P Mailer Packet is Times New Roman for text and Wingding for special symbols and boxes. Font size and style shall be determined by the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3** in conjunction with designated **Medicaid** staff.

Each DOR 207P Mailer Packet form template is made up of two physical 11" X 17" pages. Each 11" X 17" page contains multiple 8 ½" X 11" logical pages. Figure 1.40.01 below is a guide for vendors to use in understanding the meaning of the different ink colors that are used in the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. For example, the text printed in **BLUE** ink on the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3** should not be printed on the vendor's mock-up/prototype or on the Awarded Contractor's final DOR 207P Mailer Packet product. The **BLUE** ink markings serve only as a logical page identifier on a physical page for reference purposes.

FIGURE 1.40.01

<i>INK COLORS ON THE DOR 207P MOCK-UP/PROTOTYPE IN ATTACHMENT 3</i>	<i>WHAT THE INK REPRESENTS and WHAT IS EXPECTED TO BE PRODUCED BY THE CONTRACT AWARD VENDOR</i>
BLACK	Fixed text or images that must be printed as represented in the DOR 207P Mailer Packet Mock-Up/Prototype in <u>Attachment 3</u> . The Awarded Contractor is expected to build an electronic form template with the text in the exact physical location as of the text on each logical page or a physical page. All words, tables, underlines, boxes, shading, and images in black must be mapped to the electronic form template as demonstrated in the DOR 207P Mailer Packet Mock-Up/Prototype in <u>Attachment 3</u> . The form templates produced must be static and reusable and changeable per documented request from Medicaid .
BLUE	Represents a logical page identifier to indicate a logical page on a physical page. Text printed in BLUE ink should not be considered as part of the DOR 207P Mailer Packet form and must not be printed as part of the mailer packet, this is reference information only.
RED	Represents variable data element that are to be coded for electronically mapping onto the DOR 207P Mailer Packet form template from the monthly presorted DOR 207P Mailer Packet Passive Review file. Text printed in RED ink are to demonstrate the location of a variable data element for mapping and printing purposes only and should not be printed as part of the DOR 207P Mailer Packet. Variable data elements that are mapped to these locations shall be printed in <u>bold BLACK ink only</u> .

The table below in figure 1.40.02 demonstrates the logical page index identifiers that are used on the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. The logical page index identifiers are provided as points of reference only to communicate and identify a logical page's location on a physical page. The logical page index identifiers are printed in **BLUE** ink on the DOR 207P Mailer Packet Mock-Up/Prototype pages in **Attachment 3**. These logical page index identifiers **should not** be considered as printable text that shall appear on bidding vendor's sample mock-up/prototype or on the production DOR 207P Mailer Packet produced by the Awarded Contractor.

NOTETO VENDORS: *The physical location of a logical page on a physical page is based on an interior to exterior orientation. This means that interior logical pages should be located and laid out first on a physical page. Then the exterior logical pages should laid out based on physically flipping the 11" X 17" physical page from the right to left to determine the exterior location of each logical page on the exterior physical page.*

FIGURE 1.40.02

<i>BLUE INK INDEX IDENTIFIER ON THE DOR 207P MAILER PACKET MOCK-UP IN ATTACHMENT 3</i>	<i>LOGICAL PAGE LOCATION AND SIZE ON PHYSICAL PAGE</i>	<i>PHYSICAL PAGE</i>
IL-P1	Interior left 8 ½" x 11"	207P PAGE 1
IR-P1	Interior right 8 ½" x 11"	207P PAGE 1

EL-P1	Exterior left 8 ½” x 11“	207P PAGE1
ER-P1	Exterior right 8 ½” x 11“	207P PAGE 1
IL-P2	Interior left 8 ½” x 11“	207P PAGE 2
IR-P2	Interior right 8 ½” x 11“	207P PAGE 2
EL-P2	Exterior left 8 ½” x 11“	207P PAGE 2
ER-P2	Exterior right 8 ½” x 11“	207P PAGE 2

1.40.04 Interior Left Logical Page on Physical 207P PAGE 1 Requirements

IL-P1 represents the DOR 207P Mailer Packet logical page for the enclosed **Medicaid** form letter personalized for each mailer packet recipient. The production reusable form template produced by the Awarded Contractor shall be printed on **Medicaid’s** letterhead. **Medicaid** shall provide an electronic version of the letterhead template to the Awarded Contractor. Vendors submitting samples of their markup shall not be required to reproduce the State and **Medicaid** seals as illustrated in the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. The Awarded Contractor shall build and code a reusable electronic form template for the form letter. The form letter template shall be formatted and printed as illustrated in the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3** with all words spelled correctly with the correct font. Variable data elements represented in **RED** ink shall be coded for and mapped to the form template locations as indicated in **Appendix D** of this ITB and as illustrated by the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor’s technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the DOR 207P Mailer Packet Passive Review file record shall be printed as spaces or blanks on the DOR 207P Mailer Packet. There should not be any shifting of fixed or variable text on the **IL-P1** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.40.05 Interior Right Logical Page on Physical 207P PAGE 1 Requirements

IR-P1 represents the front logical page of the return envelope of the DOR 207P Mailer Packet. The Contactor Awarded this ITB shall build a reusable form template that contains all static text represented in black ink in the font, orientation and locations as demonstrated by the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. The form template shall be formatted and printed as illustrated in the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3** with all words spelled correctly and printed in the correct font. Variable data elements represented in **RED** ink shall be coded for and mapped to the form template locations as indicated in **Appendix D** of this ITB and as illustrated by the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. The variable text return and mailing address blocks printed on **IR-P1** shall be coded for and mapped to the form template locations in accordance with USPS requirements and guidelines. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor’s technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the monthly presorted DOR 207P Mailer Packet Passive Review file record shall be printed as spaces or blanks on the monthly presorted DOR 207P Mailer Packet. There should not be any shifting of fixed or variable text on the **IR-P1** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.40.06 Exterior Left Logical Page on Physical 207P PAGE 1 Requirements

EL-P1 represents the logical page on the back side of the white specialized doubled layer return envelope paper that resides on physical 207P PAGE 1. **EL-P1** shall contain reminder text represented in black ink for the DOR 207P Mailer Packet recipient to make sure they have completed the review form for the Medicaid Review for Institutional, SSI Related and Home and Community Based Waivers and placed proper postage on the return envelope prior to mailing information back to **Medicaid**. The text from this page shall be coded and mapped onto the form template in the exact font, orientation and location as demonstrated by the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. *There are no variable data elements mapped from the monthly DOR 207P Mailer Packet Passive Review file onto this logical page.*

1.40.07 Exterior Right Logical Page on Physical 207P PAGE 1 Requirements

ER-P1 represents the DOR 207P Mailer Packet's logical page that contains the external mailing address block for the DOR 207P Mailer Packet recipient. **ER-P1** contains both static and variable text elements. Static text represented in black ink on this page must be coded in the correct font, orientation and mapped to locations as demonstrated on the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. Variable data elements are represented in **RED** ink on the DOR 207P Mailer Packet Mock-Up/Prototype and shall be coded for and mapped to the corresponding form template locations as indicated in **Appendix D** of this ITB and as identified in the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. The Awarded Contractor must validate the exact location of all variable printed addresses and the postal permit indicia on **ER-P1** to meet or exceed USPS postal address requirements. Each object must be mapped onto the physical 207I PAGE 1 according to the USPS specifications. The Awarded Contractor shall also produce the required postal endorsement or carrier line as the first line address on the DOR 207P Mailer Packet mailing address block in addition to the delivery point bar code in a USPS approved font and location within the delivery address printing area. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the monthly presorted DOR 207P Mailer Packet Passive Review file record shall be printed as spaces or blanks on the DOR 207P Mailer Packet. There should not be any shifting of fixed or variable text on the **ER-P1** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.40.08 Interior Left Logical Page on Physical 207P PAGE 2 Requirements

IL-P2 represents logical "**Page 1**" of the Medicaid Renewal for Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLIMB), and Qualified Individual One (QI-1) review application. The Contactor Awarded this ITB shall build a form template that contains all static text, represented in black ink, boxes, underlines, tables, and special characters in the font, orientation, shading and locations as demonstrated by page marked **IL-P2** in the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other variable text represented in **RED** ink on the **IL-P2** logical page shall be coded for and precisely mapped to the corresponding form template locations as indicated in **Appendix D** and as illustrated in the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**.

There should not be shifting of fixed or variable text on the **IL-P2** when variable text is not printed on this form template unless otherwise specified (address lines is the only exception, as previously specified).

1.40.09 Interior Right Logical Page on Physical 207P PAGE 2 Requirements

IR-P2 represents logical “**Page 2**” of the Medicaid Renewal for Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLIMB), and Qualified Individual One (QI-1) review application. The Contactor Awarded this ITB shall build a form template that contains all static text represented in black ink, boxes, underlines, tables, and special characters in the font, orientation, shading and locations as demonstrated by page marked **IR-P2** in the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. The variable address text block represented in **RED** ink following the “**If you are reporting changes to the information on page 1, please call 1-800-362-1504 or complete this form and mail it to:**” line printed on **IR-P2** shall be coded for and mapped to the corresponding locations as indicated in **Appendix D** and as illustrated in the DOR 207P Mailer Packet Mock-Up/Prototype in **Attachment 3**. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor’s technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the DOR 207P Mailer Packet Passive Review file record shall be printed as spaces or blanks on the DOR 207P Mailer Packet. There should not be any shifting of fixed or variable text on the **IR-P2** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.40.10 Exterior Left Logical Page on Physical 207P PAGE 2 Requirements

EL-P2 is a blank page with on static text printed or variable data elements maps on this logical page.

1.40.11 Exterior Right Logical Page on Physical 207P PAGE 2 Requirements

ER-P2 is a blank page with on static text printed or variable data elements maps on this logical page.

1.40.12 DOR 207P Mailer Packet Processing and Postal Mailing Requirements

Under a normal processing schedule, **Medicaid** schedules the production of the DOR 207P Mailer Packet Passive Review file for the tenth (10th) of each month but no later than the twenty (20th) of the month. If the tenth (10th) of the month or the **Medicaid** elected processing date for the DOR 207P Mailer Packet Passive Review file scheduled productions falls on a weekend or a designated State holiday the file shall be produced on the first (1st) business day following the weekend or State Holiday. The only exception to this schedule shall be during the month of January when Cost Of Living Adjustments (COLA) are applied. The January production of the DOR 207P Mailer Packet Passive Review file is held until all COLA processing has been completed. The Awarded Contractor shall be notified as to when the January DOR 207P Mailer Packet Passive Review file is scheduled to be produced. Under circumstances when the DOR 207P Mailer Packet Passive Review file is produced by **Medicaid** on a date other than the 10th of the month, **Medicaid** shall notify the

Awarded Contractor's designated contact (as required in Section 1.70 of this ITB) via email and/or telephone of the processing delay and expected delivery date of the DOR 207P Mailer Packet Passive Review file. Upon receipt of the file, **Medicaid** requires the Awarded Contractor to process the DOR 207P Mailer Packet Passive Review file in accordance with the requirements and specifications of this ITB.

All mail ready DOR 207P Mailer Packets produced by the Awarded Contractor shall be mailed from a USPS within the State of Alabama. **Medicaid** shall establish and maintain a prepaid postal permit account at a designated United States Postal Service (USPS) post office agreed upon by both **Medicaid** and Awarded Contractor. Mailing cost for each processed DOR 207P Mailer Packet shall be drawn from the **Medicaid** prepaid postal permit account. Notification instructions are documented below that the Awarded Contractor shall follow.

Upon receipt of the monthly FTPed DOR 207P Mailer Packet Passive Review file from **Medicaid** the Awarded Contractor shall complete all of the following within five (5) to seven (7) business days.

- Process the monthly DOR 207P Mailer Packet Passive Review file through the NCOA and CASS software and correct address format and zip codes when exactly matched, unmatched address shall be unchanged,
- Create a Change of Address File based on NCOA database matched and changed addresses, the resulting file must be FTPed back to Medicaid per specifications (see Section 1.90),
- Presort first class the monthly NCOA and CASS corrected DOR 207P Mailer Packet Passive Review file by the addressee's address using United States Postal Services Presort Accuracy Validation and Evaluation (PAVE) certified mailing software to achieve the optimum reduced postal presorted first class rate in accordance with the USPS regulations and requirements for the DOR 207P Mailer Packet size, weight and the number of pieces of mail in a bundle, the postal endorsement and delivery point bar code lines shall also be added for printing purposes, USPS required sortation, delivery, packaging and tray/bag tags documentation shall also be produced by the PAVE USPS certified software,
- Print and merge the variable data from the PAVE processed monthly presorted DOR 207P Mailer Packet Passive Review file onto the reusable form templates for the DOR 207P Mailer Packet producing a complete DOR 207P Mailer Packet for each record contained in the PAVE processed monthly presorted DOR 207P Mailer Packet Passive Review file,
- Fold each DOR 207P Mailer Packet to 5 ½" X 8 ½" and double tab at the top to expose the addressee's mailing address and **Medicaid** postal permit in accordance with the USPS rules and regulations,
- Package the finished DOR 207P Mailer Packets in the designated postal trays and/or mail bags or other required mailing container in accordance with the sortation and packaging documentation produced by the USPS PAVE certified software,
- Attach the designated tray and/or bag tags to each tray and/or bag in accordance with the sortation and packaging documentation produced by the PAVE USPS certified software,
- Deliver the monthly processed DOR 207P Mailer Packets postal trays and/or bags with the required USPS documentation produced by the CASS (signed by the appropriate authority) and PAVE to the designated USPS post office for mailing,
- Notify Medicaid's Postal Requirements Coordinator as identified in Section 1.70 via email that the monthly DOR 207P Mailer Packet Passive Review file for the designated month has been processed and mailed. The Awarded Contractor must include in the email the date and time processed, the quantity of DOR 207P Mailer Packets delivered to the USPS post office, the processing cost and the postal cost for mailing and the remaining balance on the **Medicaid** prepaid postal permit account. (The division director over the Postal Requirements Coordinator and other identified division directors shall be carbon copied on

the email; **Medicaid** shall provide the email addresses of the division directors that will receive a copy of the email notification after the ITB is awarded.)

1.40.13 DOR 207P Mailer Packet Estimated Quantities

The table in figure 1.40.03 below demonstrated the estimated quantity of DOR 207P Mailer Packets **Medicaid** expects to be produced based on historical data. Actual monthly and annual quantities may increase or decrease due to policy, rules or regulation changes. Bidding vendors must use the quantities in figures 1.40.03 in addition to other prep (development and maintenance), processing, time and materials cost to compute a unit price for the production of **one DOR 207P Mailer Packet**.

Figure 1.40.03

<i>MEDICAID FORM</i>	<i>ESTIMATED MINIMUM MONTHLY QUANTITY</i>	<i>ESTIMATED MAXIMUM MONTHLY QUANTITY</i>	<i>ESTIMATED AVERAGE MONTHLY QUANTITY</i>	<i>ESTIMATED AVERAGE ANNUAL QUANTITY</i>
DOR 207P Mailer Packet	1,300	4,000	1,598	19,187

1.50 DOR 207Q MAILER PACKET REQUIREMENTS

At Medicaid's request, the apparent lowest bidder must submit a minimum of two (2) DOR 207Q mock-ups/prototypes of their solution within two (2) weeks of written notification from **Medicaid**. Each submitted mock-up/prototype must meet or exceed the **DOR 207Q Mailer Packet requirements defined in this section and sections 1.50.01 through sections 1.50.13 of this ITB.** Bidding vendors may choose to use a font and point size that is similar in appearance and size to the fonts and point sizes that are used on the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. The Awarded Contractor shall produce the production DOR 207Q Mailer Packets form templates fixed and variable text using the **Medicaid** designated fonts and font sizes. The bidding vendor's mock-up/prototypes and the production DOR 207Q Mailer Packets shall be printed using **BLACK ink only**; the colored ink used in the mock-ups/prototypes in the appendices of this ITB are for reference purposes only and **should not** be duplicated on the vendor's mock-ups/prototypes.

The Awarded Contractor shall maintain all electronic form templates designed for the DOR 207Q Mailer Packet in accordance with the requirements identified in previous sections of this ITB in addition to Sections 1.50 through Section 1.50.13. All DOR 207Q Mailer Packet form templates and data merging program code designed and maintained by the Awarded Contractor shall become the property of **Medicaid** and the State of Alabama. Any proprietary software or hardware used to create and maintain the electronic form templates shall remain the property of the Awarded Contractor. All DOR 207Q Mailer Packet form templates created for the DOR 207Q Mailer Packet must be reviewed and approved by designated **Medicaid** staff prior to production release and use. Mapping of all variable printed data elements that are printed on a DOR 207Q Mailer Packet must be coordinated with and verified by designated **Medicaid** staff prior to production release and use. After the awarding of the contract, any **Medicaid** requested changes to the DOR 207Q Mailer Packet form templates, variable data elements, mapping or file format thereof shall be initiated by **Medicaid** formally submitting a Document Change Request form to the Awarded Contractor. Designated **Medicaid** staff shall review, validate, verify and approve all DOR 207Q Mailer Packet form template or mailer packet changes prior to production implementation. The Awarded Contractor shall bill **Medicaid** at the contracted rate for staff time to create or make the required changes to the **Medicaid** form templates, program mapping logic, file formats and processing logistics in accordance with the contracted terms.

DOR 207Q Mailer Packets shall be printed in the presorted order as determined by the CASS and PAVE USPS certified software. Each month's presorted DOR 207Q Mailer Packet QMB Review file must be completely processed and delivered to the USPS post office for postmarking and delivery based on the timeframe designated in Section 1.50.12 of this ITB. A complete DOR 207Q Mailer Packet shall meet or exceed the following requirements:

- Have a physical outer 11" X 17" **white** double-layer specialized envelope sheet of paper with a built in 4 ½" X 11" envelope pre-populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from the monthly presorted DOR 207Q Mailer Packet QMB Review file records produced after the monthly files has been processed through the USPS CASS and PAVE USPS certified software,
- Have a physical inner 11" X 17" sheet of **gray** paper pre-populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from the monthly presorted DOR 207Q Mailer Packet QMB Review file records produced after the monthly files has been processed through the USPS CASS and PAVE USPS certified software,
- Must have each form template and variable data element printed in the correct order and location on each sheet of the DOR 207Q Mailer Packet,
- **Nesting of** the physical duplex printed inner 11" X 17" **gray** sheet of paper in the physical outer duplex printed 11" X 17" white double layer specialized envelope sheet of paper,

- **Nesting** of the inner physical page with the outer physical page shall occur at the same time the pages are printed, to avoid instances of unmatched pages (information from different DOR 207Q Mailer Packet QMB Review file records) and for the production of a complete DOR 207Q mailer packet, **this specification does not allow the outer physical page and inter physical page to be printed separately and then matched back together after printing. Vendors submitting a bid that does not meet this requirement shall result in bid rejection.**
- Both the outer and inner nested printed 11" X 17" sheets must contain the correct and precisely mapped variable data elements from one unique monthly presorted DOR 207Q Mailer Packet QMB Review file record without any commingling of variable data elements from other DOR 207Q Mailer Packet QMB Review file records in the same or other files,
- The nested inner and outer pages shall make one DOR 207Q Mailer Packet,
- Each DOR 207Q Mailer Packet shall be folded to a size of 5 ½" X 8 ½" and doubled tabbed at the top according to USPS requirements,
- Each DOR 207Q Mailer Packet must be kept in presorted order as they are processed, folded and tabbed. Machine malfunctions resulting in a DOR 207Q Mailer Packet being damaged or misprinted shall require that the damaged or misprinted DOR 207Q Mailer Packet to be reprinted and re-inserted into its proper place in accordance with the presort order, the Awarded Contractor's quality control procedures shall require the Awarded Contractor's staff to validate that the damaged or misprinted DOR 207Q Mailer Packet has been replaced and placed in its proper presorted order and that the damaged or misprinted DOR 207Q Mailer Packet has been shredded,
- Processed DOR 207Q Mailer Packets shall be placed in mailing trays, bags, or pallets, etc... in accordance to CASS and PAVE USPS certified software specifications produced from the production run and processing of each monthly presorted DOR 207Q Mailer Packet QMB Review file.

1.50.01 DOR 207Q Mailer Packet Paper Requirements

The first physical outer page of the DOR 207Q Mailer Packet is a **specialized envelope sheet** that shall be referenced in this ITB as DOR 207Q PAGE 1. DOR 207Q PAGE 1 paper specifications for the DOR 207Q Mailer Packet are as follows:

- Dimensions weight and bond; 11" X 17" 60# offset text **white** double layer specialized envelope paper with a built in 4 ½" X 11" envelope.
- Perforated lines; one vertical center fold perforation shall be located at approximately 8 ½" from the left and right edge of the 17" width. A second vertical perforation line shall be located approximately 5" from the right edge of the 17" width. The perforated lines on a physical sheet must remain intact during all levels of the production of the DOR 207Q Mailer Packet.
- Built in envelope; a 4 ½" X 11" specialized built-in die-cut tear-off envelope with a ½" glue flap or strip that shall be constructed on the right side of the 11" X 17" DOR 207Q PAGE 1. This flap of removable paper shall conceal either a self sealing glue strip or a dry glue trail sealable with an application of moisture. The envelope portion of the 11" X 17" paper shall be removable at the second vertical perforation line located approximately 5" from the right edge of the 17" width. The interior of the envelope shall have dimensions sufficient to completely accommodate a DOR 207Q PAGE 2 (defined below) that is folded on the designated fold lines with no exposure of the inserted DOR 207Q PAGE 2 section to the glue strip area of the envelope seal flap.

The physical inner nested page of the DOR 207Q Mailer Packet is a separate physical page that shall be referenced to as DOR 207Q PAGE 2. The DOR 207Q Mailer Packet DOR 207Q PAGE 2 paper specifications are as follows:

- Dimensions weight and bond; 11" X 17" **gray** uncoated bonded 60# offset text paper.
- A center fold of DOR 207Q PAGE 2 shall be approximately 8 ½" from the left and right edge of the 17" width.

1.50.02 DOR 207Q Mailer Packet Paper Inventory Requirements

The Awarded Contractor shall be required to maintain **two (2) months of paper inventory** (current and next month) of the 11" X 17" specialized envelope **white** bonded 60# offset text paper and the 11" X 17" **gray** uncoated bonded 60# offset text paper in stock during the life of the awarded contract including any optional years exercised by **Medicaid**. Paper inventory levels for each month must be maintained at a level that is two-thousand (2,000) above the average monthly of DOR 207Q Mailer Packets processing estimated levels in Section 1.50.13 Figure 1.50.03. (**Monthly Maintained Inventory Level = Average Monthly DOR 207Q Mailer Packet Reviews + 2,000**). *The allowable exception to the required inventory levels that must be maintained by the Awarded Contractor is for the designated and identified last month of the contract. This allowable inventory exception is made to relieve the Awarded Contractor of any unnecessary expenses associated with paper acquisition, inventory, storage and upkeep.*

1.50.03 DOR 207Q Mailer Packet Form Template and Variable Data Requirements

Attachment 4 of this ITB contains the **Medicaid** mock-up/prototype for the DOR 207Q Mailer Packet. The DOR 207Q Mailer Packet Mock-Up/Prototype demonstrates the required electronic DOR 207Q Mailer Packet template format, font, specialized printing and variable data content required for each mailer packet produced. The DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4** and detailed requirements within this ITB should be used by the bidding vendors as a reference for developing form templates and the coding and mapping of variable data elements onto the templates to produce a complete DOR 207Q Mailer Packet. The Awarded Contractor's form templates produced for the DOR 207Q Mailer packet shall always validate through quality assurance and control that all words on the electronic form templates are spelled correctly and that all text, tables, boxes, special characters etc. are printed in the exact location per specifications and requirements. The DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4** has approximately seventy-five (75) separate variable data elements imbedded in the electronic forms that must be coded for and mapped in order to produce a complete DOR 207Q Mailer Packet. Quality control of products produced is a requirement of the Awarded Contractor to validate the electronic form template format, spelling of words, fixed and variable text locations, fonts and font sizes and content of all DOR 207Q Mailer Packets produced. **Medicaid's** font preference for the DOR 207Q Mailer Packet is Times New Roman for text and Wingding for special symbols and boxes. Font size and style shall be determined by the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4** in conjunction with designated **Medicaid** staff.

Each DOR 207Q Mailer Packet form template is made up of two physical 11" X 17" pages. Each 11" X 17" page contains multiple 8 ½" X 11" logical pages. Figure 1.50.01 below is a guide for vendors to use in understanding the meaning of the different ink colors that are used in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. For example, the text printed in **BLUE** ink on the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4** should

not be printed on the vendor’s mock-up/prototype or on the Awarded Contractor’s final DOR 207Q Mailer Packet product. The **BLUE** ink markings serve only as a logical page identifier on a physical page for reference purposes.

FIGURE 1.50.01

<i>INK COLORS ON THE DOR 207Q MOCK-UP/PROTOTYPE IN ATTACHMENT 4</i>	<i>WHAT THE INK REPRESENTS and WHAT IS EXPECTED TO BE PRODUCED BY THE CONTRACT AWARD VENDOR</i>
BLACK	Fixed text or images that must be printed as represented in the DOR 207Q Mailer Packet Mock-Up/Prototype in Attachment 4 . The Awarded Contractor is expected to build an electronic form template with the text in the exact physical location as of the text on each logical page or a physical page. All words, tables, underlines, boxes, shading, and images in black must be mapped to the electronic form template as demonstrated in the DOR 207Q Mailer Packet Mock-Up/Prototype in Attachment 4 . The form templates produced must be static and reusable and changeable per documented request from Medicaid .
BLUE	Represents a logical page identifier to indicate a logical page on a physical page. Text printed in BLUE ink should not be considered as part of the DOR 207Q Mailer Packet form and must not be printed as part of the mailer packet, this is reference information only.
RED	Represents variable data element that are to be coded for electronically mapping onto the DOR 207Q Mailer Packet form template from the monthly presorted DOR 207Q Mailer Packet QMB Review file. Text printed in RED ink are to demonstrate the location of a variable data element for mapping and printing purposes only and should not be printed as part of the DOR 207Q Mailer Packet. Variable data elements that are mapped to these locations shall be printed in <u>bold BLACK ink only</u> .

The table below in figure 1.50.02 demonstrates the logical page index identifiers that are used in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. The logical page index identifiers are provided as points of reference only to communicate and identify a logical page’s location on a physical page. The logical page index identifiers are printed in **BLUE** ink on the DOR 207Q Mailer Packet Mock-Up/Prototype pages in **Attachment 4**. These logical page index identifiers **should not** be considered as printable text that shall appear on bidding vendor’s sample mock-up/prototype or on the production DOR 207Q Mailer Packet produced by the Awarded Contractor.

NOTE: *The physical location of a logical page on a physical page is based on an interior to exterior orientation. This means that the interior logical pages should be located and laid out first on a physical page. Then the exterior logical pages should laid out based on physically flipping the 11” X 17” physical page from the right to left to determine the exterior location of each logical page on the exterior physical page.*

FIGURE 1.50.02

<i>BLUE INK INDEX IDENTIFIER ON THE DOR 207Q MAILER PACKET MOCK-UP IN</i>		
--	--	--

<u>ATTACHMENT 4</u>	<i>LOGICAL PAGE LOCATION AND SIZE ON PHYSICAL PAGE</i>	<i>PHYSICAL PAGE</i>
IL-P1	Interior left 8 ½" x 11"	207Q PAGE 1
IR-P1	Interior right 8 ½" x 11"	207Q PAGE 1
EL-P1	Exterior left 8 ½" x 11"	207Q PAGE1
ER-P1	Exterior right 8 ½" x 11"	207Q PAGE 1
IL-P2	Interior left 8 ½" x 11"	207Q PAGE 2
IR-P2	Interior right 8 ½" x 11"	207Q PAGE 2
EL-P2	Exterior left 8 ½" x 11"	207Q PAGE 2
ER-P2	Exterior right 8 ½" x 11"	207Q PAGE 2

1.50.04 Interior Left Logical Page on Physical 207Q PAGE 1 Requirements

IL-P1 represents the DOR 207Q Mailer Packet logical page for the enclosed **Medicaid** form letter personalized for each recipient. The production form template produced by the Awarded Contractor shall be printed on **Medicaid's** letterhead. **Medicaid** shall provide a letterhead template to the Awarded Contractor. Vendors submitting samples of their markup shall not be required to reproduce the seals as illustrated in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. The Awarded Contractor shall build and code a reusable electronic form template for the form letter. The form letter template shall be formatted and printed as illustrated in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4** with all words spelled correctly with the correct font. Variable data elements represented in **RED** ink shall be coded for and mapped to the form template locations as indicated in **Appendix E** of this ITB and as illustrated by the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the monthly presorted DOR 207Q Mailer Packet QMB Review file record shall be printed as spaces or blanks on the DOR 207Q Mailer Packet. There should not be any shifting of fixed or variable text on the **IL-P1** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.50.05 Interior Right Logical Page on Physical 207Q PAGE 1 Requirements

IR-P1 represents the front logical page of the return envelope of the DOR 207Q Mailer Packet. The Awarded Contractor shall build a reusable form template that contains all static text represented in black ink in the font, orientation and locations as demonstrated by the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. The form template shall be formatted and printed as illustrated in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4** with all words spelled correctly and printed in the correct font. Variable data elements represented in **RED** ink shall be coded for and mapped to the form template locations as indicated in **Appendix E** of this ITB and as illustrated by the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. The variable text return and mailing address blocks printed on **IR-P1** shall be coded for and mapped to the form template locations in accordance with USPS requirements and guidelines. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the monthly presorted DOR 207Q Mailer

Packet QMB Review file record shall be printed as spaces or blanks on the DOR 207Q Mailer Packet. There should not be any shifting of fixed or variable text on the **IR-P1** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.50.06 Exterior Left Logical Page on Physical 207Q PAGE 1 Requirements

EL-P1 represents the logical page on the back side of the white specialized doubled layer return envelope paper that resides on physical 207Q PAGE 1. **EL-P1** shall contain reminder text represented in black ink for the DOR 207Q Mailer Packet recipient to make sure they have completed the review form for the Medicaid Review for Institutional, SSI Related and Home and Community Based Waivers and placed proper postage on the return envelope prior to mailing information back to **Medicaid**. The text from this page shall be coded and mapped onto the form template in the exact font, orientation and location as demonstrated by the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. *There are no variable data elements mapped from the monthly DOR 207Q Mailer Packet review file onto this logical page.*

1.50.07 Exterior Right Logical Page on Physical 207Q PAGE 1 Requirements

ER-P1 represents the DOR 207Q Mailer Packet's logical page that contains the external mailing address block for the DOR 207Q Mailer Packet recipient. **ER-P1** contains both static and variable text elements. Static text represented in black ink on this page must be coded in the correct font, orientation, and mapped to locations as demonstrated on the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. Variable data elements are represented in **RED** ink on the DOR 207Q Mailer Packet Mock-Up/Prototype and shall be coded for and mapped to the corresponding form template locations as indicated in **Appendix E** of this ITB and as identified in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. The Awarded Contractor must validate the exact location of all variable printed address blocks and the postal permit indicia on **ER-P1** to meet or exceed USPS postal address requirements. Each object must be mapped onto the physical 207Q PAGE 1 according to the USPS specifications. The Awarded Contractor shall also produce the required postal endorsement or carrier line as the first line address on the DOR 207Q Mailer Packet mailing address block in addition to the delivery point bar code in a USPS approved font and location within the delivery address printing area. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the DOR 207Q Mailer Packet review file record shall be printed as spaces or blanks on the DOR 207Q Mailer Packet. There should not be any shifting of fixed or variable text on the **ER-P1** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.50.08 Interior Left Logical Page on Physical 207Q PAGE 2 Requirements

IL-P2 represents logical "Page 2" of the Medicaid Renewal for Qualified Medicare Beneficiary review application. The Awarded Contractor shall build a form template that contains all static text, underlines, boxes, tables and special characters in the font, orientation, shading and locations as demonstrated by page marked **IL-P2** in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. All variable text represented in **RED** ink on the **IL-P2** logical page shall be coded for and precisely mapped to the corresponding form template locations as indicated in **Appendix E** and as illustrated in

the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. **IL-P2** shall be designed to contain up to a maximum of fifteen (15) lines of variable data elements listed. There should not be shifting of fixed or variable text on the **IL-P2** when variable text is not printed on an electronic form template.

1.50.09 Interior Right Logical Page on Physical 207Q PAGE 2 Requirements

IR-P2 represents logical “**Page 3**” of the Medicaid Renewal for Qualified Medicare Beneficiary review application. The Awarded Contractor shall build a form template that contains all static text, boxes, underlines, tables, and special characters in the font, orientation, shading and locations as demonstrated by page marked **IR-P2** in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. *There are no variable data elements mapped from the monthly presorted DOR 207Q Mailer Packet QMB Review file onto logical page **IR-P2**.*

1.50.10 Exterior Left Logical Page on Physical 207Q PAGE 2 Requirements

EL-P2 represents logical “**Page 4**” of the Medicaid Renewal for Qualified Medicare Beneficiary review application. The Awarded Contractor shall build a form template that contains all static text, underlines and special characters in the font, orientation, shading and locations as demonstrated by the page marked **EL-P2** in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. The variable address text block represented in **RED** ink following the “**Please complete this form and mail it to:**” line printed on **EL-P2** shall be coded for and mapped to the corresponding locations as indicated in **Appendix E** and as illustrated in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor’s technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. All other missing data elements in the monthly presorted DOR 207Q Mailer Packet QMB Review file record shall be printed as spaces or blanks on the DOR 207Q Mailer Packet. There should not be any shifting of fixed or variable text on the **EL-P2** when variable text is not printed on a form template unless otherwise specified (address lines is the only exception, as previously specified).

1.50.11 Exterior Right Logical Page on Physical 207Q PAGE 2 Requirements

ER-P2 represents logical “**Page 1**” of the Medicaid Renewal for Qualified Medicare Beneficiary review application. The Awarded Contractor shall build a form template that contains all static text, boxes, underlines, tables, and special characters in the font, orientation, shading and locations as demonstrated by page marked **ER-P2** in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. All variable text represented in **RED** ink on the **ER-P2** logical page shall be coded for and precisely mapped to the corresponding form template locations as indicated in **Appendix E** and as illustrated in the DOR 207Q Mailer Packet Mock-Up/Prototype in **Attachment 4**. There should not be any shifting of fixed or variable text on the **ER-P2** when variable text is not printed on this form template.

1.50.12 DOR 207Q Mailer Packet Processing and Postal Mailing Requirements

Under a normal processing schedule, **Medicaid** schedules the production of the DOR 207Q Mailer Packet QMB Review file for the tenth (10th) of each month but no later than the twenty (20th) of the month. If the tenth (10th) of the month or the **Medicaid** elected processing date for the DOR 207Q Mailer Packet QMB Review file scheduled productions falls on a weekend or a designated State holiday the file shall be produced on the first (1st) business day following the weekend or State Holiday. The only exception to this schedule shall be during the month of January when Cost Of Living Adjustments (COLA) are applied. The January production of the DOR 207Q Mailer Packet QMB Review file is held until all COLA processing has been completed. The Awarded Contractor shall be notified as to when the January DOR 207Q Mailer Packet QMB Review file is scheduled to be produced. Under circumstances when the DOR 207Q Mailer Packet QMB Review file is produced by **Medicaid** on a date other than the 10th of the month, **Medicaid** shall notify the Awarded Contractor's designated contact via email and/or telephone of the processing delay and expected delivery date of the DOR 207Q Mailer Packet QMB Review file. Upon receipt of the file, **Medicaid** requires the Awarded Contractor to process the DOR 207Q Mailer Packet QMB Review file in accordance with the requirements and specifications of this ITB.

All mail ready DOR 207Q Mailer Packets produced by the Awarded Contractor shall be mailed from a USPS within the State of Alabama. **Medicaid** shall establish and maintain a prepaid postal permit account at a designated United States Postal Service (USPS) post office agreed upon by both **Medicaid** and Awarded Contractor. Mailing cost for each processed DOR 207Q Mailer Packet shall be drawn from the **Medicaid** prepaid postal permit account. Notification instructions are documented below that the Awarded Contractor shall follow.

Upon receipt of the monthly FTPed DOR 207Q Mailer Packet QMB Review file from **Medicaid** the Awarded Contractor shall complete all of the following within five (5) to seven (7) business days.

- Process the monthly DOR 207Q Mailer Packet QMB Review file through the NCOA and CASS software and correct address format and zip codes when exactly matched, unmatched address shall be unchanged,
- Create a Change of Address File based on NCOA database matched and changed addresses, the resulting file must be FTPed back to Medicaid per specifications (see Section 1.90),
- Presort first class the monthly NCOA and CASS corrected DOR 207Q Mailer Packet QMB Review file by the addressee's address using United States Postal Services Presort Accuracy Validation and Evaluation (PAVE) certified mailing software to achieve the optimum reduced postal presorted first class rate in accordance with the USPS regulations and requirements for the DOR 207Q Mailer Packet size, weight and the number of pieces of mail in a bundle, the postal endorsement and delivery point bar code lines shall also be added for printing purposes, USPS required sortation, delivery, packaging and tray/bag tags documentation shall also be produced by the PAVE USPS certified software,
- Print and merge the variable data from the PAVE processed monthly presorted DOR 207Q Mailer Packet QMB Review file onto the reusable form templates for the DOR 207Q Mailer Packet producing a complete DOR 207Q Mailer Packet for each record contained in the PAVE processed monthly presorted DOR 207Q Mailer Packet QMB Review file,
- Fold each DOR 207Q Mailer Packet to 5 ½" X 8 ½" and double tab at the top to expose the addressee's mailing address and **Medicaid** postal permit in accordance with the USPS rules and regulations,
- Package the finished DOR 207Q Mailer Packets in the designated postal trays and/or mail bags or other required mailing container in accordance with the sortation and packaging documentation produced by the USPS PAVE certified software,
- Attach the designated tray and/or bag tags to each tray and/or bag in accordance with the sortation and packaging documentation produced by the PAVE USPS certified software,

- Deliver the monthly processed DOR 207Q Mailer Packets postal trays and/or bags with the required USPS documentation produced by the CASS (signed by the appropriate authority) and PAVE to the designated USPS post office for mailing,
- Notify Medicaid's Postal Requirements Coordinator as identified in Section 1.70 via email that the monthly DOR 207Q Mailer Packet QMB Review file for the designated month has been processed and mailed. The Awarded Contractor must include in the email the date and time processed, the quantity of DOR 207Q Mailer Packets delivered to the USPS post office, the processing cost and the postal cost for mailing and the remaining balance on the Medicaid prepaid postal permit account. (The division director over the Postal Requirements Coordinator and other identified division directors shall be carbon copied on the email; **Medicaid** shall provide the email addresses of the division directors that will receive a copy of the email notification after the ITB is awarded.)

1.50.13 DOR 207Q Mailer Packet Estimated Quantities

The table in figure 1.50.03 below demonstrated the estimated quantity of DOR 207Q Mailer Packets **Medicaid** expects to be produced based on historical data. Actual monthly and annual quantities may increase or decrease due to policy, rules or regulation changes. Bidding vendors must use the quantities in figures 1.50.03 in addition to other prep (development and maintenance), processing, time and materials cost to compute a unit price for the production of **one DOR 207Q Mailer Packet**.

Figure 1.50.03

<i>MEDICAID FORM</i>	<i>ESTIMATED MINIMUM MONTHLY QUANTITY</i>	<i>ESTIMATED MAXIMUM MONTHLY QUANTITY</i>	<i>ESTIMATED AVERAGE MONTHLY QUANTITY</i>	<i>ESTIMATED AVERAGE ANNUAL QUANTITY</i>
DOR 207Q Mailer Packet	1,850	3,300	2,398	28,780

1.60 RECIPIENT RENEWAL REMINDER (RRR) MAILER PACKET REQUIREMENTS

At Medicaid's request, the apparent lowest bidder must submit a minimum of two (2) Recipient Renewal Reminder mock-ups/prototypes of their solution within two (2) weeks of written notification from **Medicaid**. Each submitted mock-up/prototype must meet or exceed the **Recipient Renewal Reminder (RRR) Mailer Packet requirements defined in this section and sections 1.60.01 through sections 1.60.13 of this ITB.** Bidding vendors may choose to use a font and point size that is similar in appearance and size to the fonts and point sizes that are used on the RRR Mailer Packet Mock-Up/Prototype in **Attachment 5**. The Awarded Contractor shall produce the production RRR Mailer Packets form templates fixed and variable text using the **Medicaid** designated fonts and font sizes. The bidding vendor's mock-up/prototypes and the production RRR Mailer Packets shall be printed using **BLACK ink only**; the colored ink used in the mock-ups/prototypes in the appendices of this ITB are for reference purposes only and **should not** be duplicated on the vendor's mock-ups/prototypes.

The Awarded Contractor shall maintain all electronic form templates designed for the RRR Mailer Packet in accordance with the requirements identified in previous sections of this ITB in addition to sections 1.60.01 through section 1.60.13. All RRR Mailer Packet form templates and data merging program code designed and maintained by the Awarded Contractor shall become the property of **Medicaid** and the State of Alabama. Any proprietary software or hardware used to create and maintain the electronic form templates shall remain the property of the Awarded Contractor. All RRR Mailer Packet form templates created for the Recipient Renewal Reminder Notice must be reviewed and approved by designated **Medicaid** staff prior to production release and use. Mapping of all variable printed data elements that are printed on a RRR Mailer Packet must be coordinated with and verified by designated **Medicaid** staff prior to production release and use. After the awarding of the contract, any **Medicaid** requested changes to the RRR Mailer Packet form templates, variable data elements, mapping or file format thereof shall be initiated by **Medicaid** formally submitting a Document Change Request (DCR) form to the Awarded Contractor. Designated **Medicaid** staff shall review, validate, verify and approve all RRR form template or mailer packet changes prior to production implementation. The Awarded Contractor shall bill **Medicaid** at the contracted rate for staff time to create or make the required changes to the **Medicaid** form templates, program mapping logic, file formats and processing logistics in accordance with the contracted terms.

RRR Mailer Packets shall be printed in the presorted order as determined by the PAVE USPS certified software. Each month's presorted RRR Mailer Packet Notice file must be completely processed and delivered to the USPS post office for postmarking and delivery based on the timeframe designated in Section 1.60.12 of this ITB. A complete RRR Mailer Packet shall meet or exceed the following requirements:

- Have a physical size description of; 6" X 8 ½ " 75# **Green** Return Card stock pre-populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from the monthly presorted RRR Mailer Packet Notice file records produced after the monthly RRR Mailer Packet Notice file has been processed through the USPS CASS and PAVE USPS certified software,
- Must have each form template and variable data element printed in the correct order and location on each physical page of the RRR Mailer Packet,
- The designated physical page with variable data elements must contain the correct and precisely mapped variable data elements from one unique monthly presorted RRR Mailer Packet Notice file record without any commingling of variable data elements from other RRR Mailer Packet Notice file records in the same or other files,

- Each RRR Mailer Packet shall be folded to a size of 6" X 4 1/4" and single tabbed at the top according to USPS requirements,
- Each RRR Mailer Packet must be kept in presorted order as they are processed, folded and tabbed. Machine malfunctions resulting in a RRR Mailer Packet being damaged or misprinted shall require that the damaged or misprinted RRR Mailer Packet to be reprinted and re-inserted into its proper place in accordance with the presort order, the Awarded Contractor's Quality Control procedures shall require the Awarded Contractor's staff to validate that the damaged or misprinted RRR Mailer Packet has been replaced and placed in its proper presorted order and that the damaged or misprinted RRR Mailer Packet has been shredded,
- Processed RRR Mailer Packets shall be placed in mailing trays, bags, or pallets, etc... in accordance to CASS and PAVE USPS certified software specifications produced from the production run and processing of each monthly presorted RRR Mailer Packet Notice file.

1.60.01 RRR Mailer Packet Paper Requirements

All bidders submitting a bid for this ITB must submit a solution that meet or exceed the RRR Mailer Packet requirements and specifications as follows in this section and sections 1.60.02 through 1.60.13.

The RRR Mailer Packet is one physical page. The interior logical page of the RRR Mailer Packet shall be referenced in this ITB as RRR PAGE 1. RRR PAGE 1 paper specifications for the RRR Mailer Packet are as follows:

- Dimensions weight and bond; 6" X 8 1/2" 75# **Green** uncoated Return Card stock
- A center fold on the RRR PAGE 2 shall be approximately one half (1/2) the width of the 8 1/2" physical page or 4 1/4".

The RRR Mailer Packet has one logical exterior page, referred to in this ITB as RRR PAGE 2 that shall be printed on the backside (duplex) of logical RRR PAGE 1. The RRR Mailer Packet logical RRR PAGE 2 paper specifications are as follows:

- Dimensions weight and bond; same as RRR PAGE 1.

1.60.02 RRR Mailer Packet Paper Inventory Requirements

The Awarded Contractor shall be required to maintain **two (2) months of paper inventory** (current and next month) of the 6" X 8 1/2" 75# **Green** Return Card stock paper in stock during the life of the awarded contract including any optional years exercised by **Medicaid**. Paper inventory levels for each month must be maintained at a level that is two-thousand (2,000) above the average monthly of RRR Mailer Packets processing estimated levels in Section 1.60.13 Figure 1.60.03. **(Monthly Maintained Inventory Level = Average Monthly RRR Mailer Packet Reviews + 2,000).** ***The allowable exception to the required inventory levels that must be maintained by the Awarded Contractor is for the designated and identified last month of the contract. This allowable inventory exception is made to relieve the Awarded Contractor of any unnecessary expenses associated with paper acquisition, inventory, storage and upkeep.***

1.60.03 RRR Mailer Packet Form Template and Variable Data Requirements

Attachment 5 of this ITB contains the **Medicaid** Mock-Up/Prototype for the RRR Mailer Packet. The RRR Mailer Packet Mock-Up/Prototype demonstrates the required electronic RRR Mailer Packet template formats, fonts, font sizes, specialized printing and variable data placement for each mailer packet produced. The RRR Mailer Packet Mock-Up/Prototype in **Attachment 5** and detailed requirements within this ITB should be used by the bidding vendors as a reference for developing form templates and the coding and mapping of variable data elements onto the templates to produce a complete RRR Mailer Packet. The Awarded Contractor's form templates produced for the RRR Mailer packet shall be reviewed by the Awarded Contractor's Quality Assurance and Control staff using **Medicaid** approved Contractor's policy and procedures to validate that all words on the electronic form templates are spelled correctly and that all text, tables, boxes, special characters etc. are printed in the exact locations, fonts and font sizes per specifications and requirements. The RRR Mailer Packet Mock-Up/Prototype in **Attachment 5** has approximately nine (9) separate variable data elements imbedded in the electronic forms that must be coded for and mapped in order to produce a complete RRR Mailer Packet. **Medicaid's** font preference for the RRR Mailer Packet is as follows:

RRR PAGE 1: Line 1 (wording) - Bookman Old Style, 26 Pt.
Lines 2 -3 (blank) - Bookman Old Style, 18 Pt.
Lines 4 – 16 (wording) – Bookman Old Style, 20 Pt.
Lines 27 – 19 (blank) - Bookman Old Style, 18 Pt.
Lines 20 – 21 (wording) - Bookman Old Style, 18 Pt.

RRR PAGE 2: Return Address - Times New Roman. 12 Pt
Postal Address - Times New Roman 10 Pt.
Recipient Address – Times New Roman 12Pt.

Actual production RRR Mailer Packet fonts, font sizes and style shall be determined by the RRR Mailer Packet Mock-Up/Prototype in **Attachment 5** in conjunction with designated **Medicaid** staff.

Each RRR Mailer Packet form template is made up of one physical 6" X 8 ½" page. The RRR Mailer Packet shall be printed in duplex with one logical 6" X 8 ½" page on the front and one logical 6 X 8 ½ " page on the back of the physical page. Figure 1.60.01 below is a guide for vendors to use in understanding the meaning of the different ink colors that are used in the RRR Mailer Packet Mock-Up/Prototype in **Attachment 5**. For example, the text printed in **BLUE** ink on the RRR Mailer Packet Mock-Up/Prototype in **Attachment 5** should not be printed on the vendor's mock-up/prototype or on the Awarded Contractor's final RRR Mailer Packet product. The **BLUE** ink markings serve only as a logical page identifier on a physical page for reference purpose.

FIGURE 1.60.01

<i>INK COLORS ON THE RRR MOCK-UP/PROTOTYPE IN ATTACHMENT 5</i>	<i>WHAT THE INK REPRESENTS and WHAT IS EXPECTED TO BE PRODUCED BY THE CONTRACT AWARD VENDOR</i>
BLACK	Fixed text or images that must be printed as represented on the RRR Mailer Packet Mock-Up/Prototype in Attachment 5 . The Awarded Contractor is expected to build an electronic form template with the text in the exact physical location as of the text on each logical page or a physical page. All words, tables, underlines, boxes, shading, and images in black must be

	mapped to the electronic form template as demonstrated in the RRR Mailer Packet Mock-Up/Prototype in Attachment 5 . The form templates produced must be static, reusable and changeable per documented request from Medicaid .
BLUE	Represents a logical page identifier to indicate a logical page on a physical page. Text printed in BLUE ink should not be considered as part of the RRR Mailer Packet form and must not be printed as part of the mailer packet, this is reference information only.
RED	Represents variable data element that are to be coded for and electronically mapped onto the RRR Mailer Packet form template from the monthly presorted RRR Mailer Packet Notice file. Text printed in RED ink are to demonstrate the location of a variable data element for mapping and printing purposes only and should not be printed as part of the RRR Mailer Packet. Variable data elements that are mapped to these locations shall be printed in bold BLACK ink only .

The table below in figure 1.60.02 demonstrates the logical page index identifiers that are used on the RRR Mailer Packet Mock-Up/Prototype in **Attachment 5**. The logical page index identifiers are provided as points of reference only to communicate and identify a logical page's location on a physical page. The logical page index identifiers are printed in **BLUE** ink on the RRR Mailer Packet Mock-Up/Prototype pages in **Attachment 5**. These logical page index identifiers **should not** be considered as printable text that shall appear on the bidding vendor's sample mock-up/prototype or on the production RRR Mailer Packet produced by the Awarded Contractor.

NOTE TO VENDORS: The physical location of a logical page on a physical page is based on an interior to exterior orientation. This means that the interior logical pages should be located and laid out first on a physical page. Then the exterior logical pages should be laid out based on physically flipping the 6" X 8 1/2" physical page from the bottom of the page to the top of the page to determine the exterior location and orientation of exterior logical page on the exterior physical page.

FIGURE 1.60.02

BLUE INK INDEX IDENTIFIER ON THE RRR MAILER PACKET MOCK-UP/PROTOTYPE IN ATTACHMENT 5	LOGICAL PAGE LOCATION AND SIZE ON PHYSICAL PAGE	PHYSICAL PAGE
IP-P1	Interior 6" X 8 1/2"	RRR PAGE1
EP-P1	Exterior 6" X 8 1/2"	RRR PAGE 2

1.60.04 Interior Logical Page on Physical RRR PAGE 1 Requirements

IP-P1 represents the RRR Mailer Packet logical page for the interior form template recipient renewal reminder message. The production form template produced by the Awarded Contractor shall be printed with **Medicaid's** seal. **Medicaid** shall provide a **Medicaid** seal template to the Award Contractor. Bidding vendors submitting samples of their mock-

up/prototype shall not be required to reproduce the seal as illustrated in the RRR Mailer Packet Mock-Up/Prototype in **Attachment 5**. The Awarded Contractor shall build and code a reusable electronic form template for the recipient renewal reminder message. The RRR Page 1 template shall be formatted and printed as illustrated in the RRR Mailer Packet Mock-Up/Prototype in **Attachment 5** with all words spelled correctly printed in the correct font and font size as provided in this ITB. **There are no variable data elements mapped or printed on the RRR Page 1 logical page.**

1.60.05 Exterior Logical Page on Physical RRR PAGE 2 Requirements

EP-P1 represents the front logical page of the post card reminder of the RRR Mailer Packet. The Contactor Awarded this ITB shall build a reusable form template that contains all static text represented in black ink in the font, orientation and locations as demonstrated by the RRR Mailer Packet Mock-Up/Prototype in **Attachment 5**. The form template shall be formatted and printed as illustrated in the RRR Mailer Packet Mock-Up/Prototype in **Attachment 5** with all words spelled correctly and printed in the correct font. Variable data elements represented in **RED** ink shall be coded for and mapped to the form template locations as indicated in **Appendix F** of this ITB and as illustrated by the RRR Mailer Packet Mock-Up/Prototype in **Attachment 5**. Line one of the variable data for the recipient mailing address block shall be the postal endorsement line. Subsequent variable text recipient mailing address block line printed on **EP-P1** shall be coded for and mapped to the form template locations in accordance with USPS requirements and guidelines. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. The final line of the recipient address block shall contain the USPS postal delivery barcode generated by the CASS/PAVE USPS certified software. There should not be any shifting of fixed or variable text on **EP-P1** unless otherwise specified (address lines is the only exception, as previously specified).

1.60.06 RRR Mailer Packet Processing and Postal Mailing Requirements

Under a normal processing schedule, **Medicaid** schedules the production of the RRR Mailer Packet Notice file by the twelfth (12th) of each month but no later than the nineteenth (19th) of the month. If the twelfth (12th) of the month or the **Medicaid** elected processing date for the RRR Mailer Packet Notice file scheduled productions falls on a weekend or a designated State holiday the file shall be produced on the first (1st) business day following the weekend or State Holiday. Under circumstances when the RRR Mailer Packet Notice file is produced by **Medicaid** on a date other than the 12th of the month, **Medicaid** shall notify the Awarded Contractor's designated contact via email and/or telephone of the processing delay and expected delivery date of the RRR Mailer Packet Notice file. Upon receipt of the RRR Mailer Packet Notice file by the Awarded Contractor **Medicaid** expects processing and delivery of the RRR Mailer Packets as specified in Sections 1.60 thru 1.60.07.

All mail ready RRR Mailer Packets produced by the Awarded Contractor shall be mailed from a USPS within the State of Alabama. **Medicaid** shall establish and maintain a prepaid postal permit account at a designated United States Postal Service (USPS) post office agreed upon by both **Medicaid** and the Awarded Contractor. Mailing cost for each processed RRR Mailer Packet shall be drawn from the **Medicaid** prepaid postal permit account. Notification instructions are documented below that the Awarded Contractor shall follow.

Upon receipt of the monthly FTPed monthly RRR Mailer Packet Notice file from **Medicaid** the Awarded Contractor shall complete all of the following within five (5) to seven (7) business days.

- Process the monthly RRR Mailer Packet Notice file through NCOA and CASS software and correct address format and zip codes when exactly matched, unmatched address shall be unchanged,
- Presort the monthly CASS corrected RRR Mailer Packet Notice file by the addressee's address using United States Postal Services Presort Accuracy Validation and Evaluation (PAVE) certified mailing software to achieve the optimum reduced postal presorted rate in accordance with the USPS regulations and requirements for the RRR Mailer Packet size, weight and the number of pieces of mail in a bundle, the postal endorsement and delivery point bar code lines shall also be added for printing purposes, USPS required sortation, delivery, packaging and tray/bag tags documentation shall also be produced by the PAVE USPS certified software,
- Print and merge the variable data from the PAVE processed monthly presorted RRR Mailer Packet Notice file onto the reusable form templates for the RRR Mailer Packet producing a complete RRR Mailer Packet for each record contained in the PAVE processed monthly presorted RRR Mailer Packet Notice file,
- Fold each RRR Mailer Packet to 6" X 4 ¼ " dimensions and single tab at the top to expose the addressee's mailing address and **Medicaid** postal permit in accordance with the USPS rules and regulations,
- Package the finished RRR Mailer Packets in the designated postal trays and/or mail bags or other required mailing container in accordance with the sortation and packaging documentation produced by the USPS PAVE certified software,
- Attach the designated tray and/or bag tags to each tray and/or bag in accordance with the sortation and packaging documentation produced by the PAVE USPS certified software,
- Deliver the monthly processed RRR Mailer Packets postal trays and/or bags with the required USPS documentation produced by the CASS (signed by the appropriate authority) and PAVE to the designated USPS post office for mailing,
- Notify Medicaid's Postal Requirements Coordinator as identified in Section 1.70 via email that the monthly RRR Mailer Packet Notice file for the designated month has been processed and mailed. The Awarded Contractor must include in the email the date and time processed, the quantity of RRR Mailers Packets delivered to the USPS post office, the processing cost and the postal cost for mailing and the remaining balance on the **Medicaid** prepaid postal permit account. (The division director over the Postal Requirements Coordinator and other identified division directors shall be carbon copied on the email; **Medicaid** shall provide the email addresses of the division directors that will receive a copy of the email notification after the ITB is awarded.)

1.60.07 RRR Mailer Packet Estimated Quantities

The table in figure 1.60.03 below demonstrated the estimated quantity of RRR Mailer Packets **Medicaid** expects to be produced based on historical data. Actual monthly and annual quantities may increase or decrease due to policy, rules or regulation changes. Bidding vendors must use the quantities in figures 1.60.03 in addition to other prep (development and maintenance), processing, time and materials cost to compute a unit price for the production of one RRR Mailer Packet.

Figure 1.60.03

<i>MEDICAID FORM</i>	<i>ESTIMATED MINIMUM MONTHLY QUANTITY</i>	<i>ESTIMATED MAXIMUM MONTHLY QUANTITY</i>	<i>ESTIMATED AVERAGE MONTHLY QUANTITY</i>	<i>ESTIMATED AVERAGE ANNUAL QUANTITY</i>
RRR Mailer Packet	12,000	18,900	14,983	179,797

1.70 PRIVACY NOTICE MAILER PACKET REQUIREMENTS

At Medicaid's request, the apparent lowest bidder must submit a minimum of two (2) Privacy Notice mock-ups/prototypes of their solution within two (2) weeks of written notification from **Medicaid**. Each submitted mock-up/prototype must meet or exceed the **Privacy Notice Mailer Packet requirements defined in this section and sections 1.70.01 through sections 1.70.13 of this ITB**. Bidding vendors may choose to use a font and point size that is similar in appearance and size to the fonts and point sizes that are used on the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6**. The Awarded Contractor shall produce the production Privacy Notice Mailer Packets form templates fixed and variable text using the **Medicaid** designated fonts and font sizes. The bidding vendor's mock-up/prototypes and the production Privacy Notice Mailer Packets shall be printed using **BLACK ink only**; the colored ink used in the mock-ups/prototypes in the appendices of this ITB are for reference purposes only and **should not** be duplicated on the vendor's mock-ups/prototypes.

Each vendor's submitted bid must contain the following:

- **Two (2) or more** vendor mock-up/prototypes samples of their proposed solution for the Privacy Notice Mailer Packet, folded and tabbed according to specifications in this ITB,
- Each sample Privacy Notice Mailer Packet Mock-Up/Prototype shall contain the bidding Contractor's generated test variable data elements printed in designated locations based on the specifications and requirements defined in this ITB and the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6** the variable data field size and content on the bidders mock-up/prototype should fit within the designated print area on the form to give it a realistic appearance.

The Awarded Contractor shall maintain all electronic form templates designed for the Privacy Notice Mailer Packet in accordance with the requirements identified in previous sections of this ITB in addition to Sections 1.70 through Section 1.70.09. All Privacy Notice Mailer Packet form templates and data merging program code designed and maintained by the Awarded Contractor shall become the property of **Medicaid** and the State of Alabama. Any proprietary software or hardware used to create and maintain the electronic form templates shall remain the property of the Awarded Contractor. All Privacy Notice Mailer Packet form templates created for the Privacy Notice must be reviewed and approved by designated **Medicaid** staff prior to production release and use. Mapping of all variable printed data elements that are printed on a Privacy Notice Mailer Packet must be coordinated with and verified by designated **Medicaid** staff prior to production release and use. After the awarding of the contract, any **Medicaid** requested changes to the Privacy Notice Mailer Packet form templates, variable data elements, mapping or file format thereof shall be initiated by **Medicaid** formally submitting a Document Change Request (DCR) form to the Awarded Contractor. Designated **Medicaid** staff shall review, validate, verify and approve all Privacy Notice Mailer Packet form template(s) changes prior to production implementation.

Privacy Notice Mailer Packets shall be printed in the presorted order as determined by the PAVE USPS certified software sortation. Each month's Privacy Notice Mailer Packet Recipient file must be completely processed and delivered to the USPS for postmarking and delivery based on the timeframe designated in Section 1.70.08 of this ITB. A complete Privacy Notice Mailer Packet shall meet or exceed the following requirements:

- Have a physical 11" X 17" 60# **white** offset text paper populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from the

monthly presorted Privacy Notice Mailer Packet Recipient file records produced after the monthly files has been processed through the USPS CASS and PAVE USPS certified software,

- Each Privacy Notice Mailer Packet shall be folded to a size of 5 ½" X 8 ½" and doubled tabbed at the top according to USPS requirements,
- Each Privacy Notice Mailer Packet must be kept in presorted order as they are processed, folded and tabbed. Machine malfunctions resulting in a Privacy Notice Mailer Packet being damaged or misprinted shall require that the damaged or misprinted Privacy Notice Mailer Packet to be reprinted and re-inserted into its proper place in accordance with the presort order, the Awarded Contractor's quality control procedures shall require the Awarded Contractor's staff to validate that the damaged or misprinted Privacy Notice Mailer Packet has been replaced and placed in its proper presorted order and that the damaged or misprinted Privacy Notice Mailer Packet has been shredded,
- Processed Privacy Notice Mailer Packets shall be placed in mailing trays, bags, or pallets, etc... in accordance to PAVE USPS certified software specifications produced from the production run and processing of each monthly presorted Privacy Notice Mailer Packet Recipient file.

1.70.01 Privacy Notice Mailer Packet Paper Requirements

There is one physical page required to produce a Privacy Notice Mailer Packet. Each Privacy Notice Mailer Packet shall consist of a full 11" X 17" 60 # white offset text paper. The interior of Privacy Notice Mailer 11" X 17" sheet shall be referenced in this ITB as PN PAGE 1.

The physical exterior of the 11" X 17" 60# white offset text paper shall be referenced in this ITB as PN PAGE 2.

1.70.02 Privacy Notice Mailer Packet Paper Inventory Requirements

The Awarded Contractor shall be required to maintain two (2) months of paper inventory (current and next month) of the 11" X 17" 60# offset white offset text paper in stock during the life of the awarded contract including any optional years exercised by **Medicaid**. Paper inventory levels for each month must be maintained at a level that is ten-thousand (10,000) above the average monthly Privacy Notice Mailer Packets processing estimated levels in Figure 1.70.03 of Section 1.70.13 to adequately address increases in **Medicaid** eligibility doing a month. (**Monthly Maintained Inventory Level = Average Monthly Privacy Notice Mailer Packet Renewals + 10,000**). *The allowable exception to the required inventory levels that must be maintained by the Awarded Contractor is for the designated and identified last month of the contract. This allowable inventory exception is made to relieve the Awarded Contractor of any unnecessary expenses associated with paper acquisition, inventory, storage and upkeep.*

1.70.03 Privacy Notice Mailer Packet Form Template and Variable Data Requirements

Attachment 6 of this ITB contains the **Medicaid's** mock-up/prototype for the Privacy Notice Mailer Packet. The Privacy Notice Mailer Packet Mock-Up/Prototype demonstrates the required electronic Privacy Notice Mailer Packet form template format, font, specialized printing and variable data content required for each mailer packet produced. The Privacy Notice Mailer Packet Mock-Up/Prototype in Attachment 6 and detailed requirements within this ITB should be

used by the bidding vendors as a reference for developing form templates and the coding and mapping of variable data elements onto the templates to produce a complete Privacy Notice Mailer Packet. The Awarded Contractor's form templates produced for the Privacy Notice Mailer packet shall always be validate through the Awarded Contractor's Quality Assurance and Control procedures to ensure that all words on the electronic form templates are spelled correctly and that all text, tables, boxes, special characters etc. are printed in the exact location per specifications and requirements. The Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6** has approximately six (6) separate variable data elements imbedded in the electronic forms that must be coded for and mapped in order to produce a complete Privacy Notice Mailer Packet. **Medicaid's** font preference for the Privacy Notice Mailer Packet is Times New Roman for text and Wingding for special symbols and boxes. The production font size and style shall be determined by the Privacy Notice Mailer packet Mock-Up/Prototype in **Attachment 6** in conjunction with designated **Medicaid** staff.

Each Privacy Notice form template is made up of one physical 11" X 17" page with print templates printed on both the front and back of the pages (duplex). Each 11" X 17" page contains multiple 8 ½" X 11" logical pages. Figure 2.60.01 below is a guide for vendors to use in understanding the meaning of the different ink colors that are used in the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6**. For example, the text printed in **BLUE** ink on the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6** should not be printed on bidding vendors mock-ups/prototypes or on the Awarded Contractor's final Privacy Notice Mailer Packet product. The **BLUE** ink markings serve only as a logical page identifier on a physical page for reference purposes.

FIGURE 1.70.01

<i>INK COLORS ON THE PRIVACY NOTICE MOCK-UP/PROTOTYPE IN ATTACHMENT 6</i>	<i>WHAT THE INK REPRESENTS and WHAT IS EXPECTED TO BE PRODUCED BY THE AWARDED CONTRACTOR</i>
BLACK	Fixed text or images that must be printed as represented on the Privacy Notice Mailer Packet Mock-Up/Prototype in Attachment 6 . The Awarded Contractor is expected to build an electronic form template with the text in the exact physical location as the text on each logical and physical page. All words, tables, underlines, boxes, shading, and images in black ink must be mapped to the electronic form template as demonstrated in the Privacy Notice Mailer Packet Mock-Up/Prototype in Attachment 6 . The form templates produced must be static and reusable and changeable per Document Change Request (DCR) submitted by Medicaid .
BLUE	Represents a logical page identifier to indicate a logical page on a physical page. Text printed in BLUE ink should not be considered as part of the Privacy Notice Mailer Packet form and must not be printed as part of the mailer packet; it appears on the mock-up/prototype for location reference purposes only.
RED	Represents variable data element that are to be coded for and electronically mapping onto the Privacy Notice Mailer Packet form template from the monthly presorted Privacy Notice Mailer Packet Recipient file. Text printed in RED ink are to demonstrate the location of a variable data element for mapping and printing purposes only and should not be printed as part of the Privacy Notice Mailer Packet. Variable data elements that are mapped to these locations shall be printed in <u>bold BLACK ink only</u> .

The table below in figure 1.70.02 demonstrates the logical page index identifiers that are used on the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6**. The logical page index identifiers are provided as points of reference only to communicate and identify a logical page's location on a physical page. The logical page index identifiers are printed in **BLUE** ink on the Privacy Notice Mailer Packet Mock-Up/Prototype pages in **Attachment 6**. These logical page index identifiers **should not** be considered as printable text that shall appear on the bidding vendor's sample mock-up/prototype or on the production Privacy Notice Mailer Packet produced by the Awarded Contractor.

NOTE TO VENDORS: The physical location of a logical page on a physical page is based on an interior to exterior orientation. This means that the interior logical pages should be located and laid out first on a physical page. Then the exterior logical pages should be laid out based on physically flipping the 11" X 17" physical page from the right to left to determine the exterior location of each logical page on the exterior physical page.

FIGURE 1.70.02

BLUE INK INDEX IDENTIFIER ON THE PRIVACY NOTICE MAILER PACKET MOCK- UP/PROTOTYPE IN ATTACHMENT 6	LOGICAL PAGE LOCATION AND SIZE ON PHYSICAL PAGE	PHYSICAL PAGE
IL-P1	Interior left 8 ½" x 11"	PN PAGE 1
IR-P2	Interior right 8 ½" x 11"	PN PAGE 1
EL-P3	Exterior left 8 ½" x 11"	PN PAGE 2
ER-P4	Exterior right 8 ½" x 11"	PN PAGE 2

1.70.04 Interior Left Logical Page on Physical PN PAGE 1 Requirements

IL-P1 represents the Privacy Notice Mailer Packet interior logical page one of the interior physical page of the **Medicaid** Privacy Notice. This page contains **Medicaid** letterhead without the State and **Medicaid** seals. **Medicaid** shall provide a letterhead template without the State and **Medicaid** seals to the Award Contractor prior to the production template build. Vendors submitting samples of their mock-up/prototype may reproduce the **Medicaid** letterhead as illustrated on the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6**. The Awarded Contractor shall build and code a reusable electronic form template for the form letter with the **Medicaid** letterhead. The reusable electronic form letter template shall be formatted and printed as illustrated in the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6** with all static text words spelled correctly with the correct font and font size. **There are no variable data elements mapped from the monthly presorted Privacy Notice Mailer Packet Recipient file onto logical page IL-P1.**

1.70.05 Interior Right Logical Page on Physical PN PAGE 1 Requirements

IR-P2 represents the interior right logical page of the interior physical page of the Privacy Notice Mailer Packet. The Awarded Contractor shall build a reusable form template that contains all static text represented in black ink in the designated font and font size with orientations and locations as demonstrated by the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6**. The form template shall be formatted and printed as illustrated in the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6** with all words spelled correctly and printed in the correct font and

font size. *There are no variable data elements mapped from the monthly presorted Privacy Notice Mailer Packet Recipient file onto logical page IR-P2.*

1.70.06 Exterior Left Logical Page on Physical PN PAGE 2 Requirements

EL-P3 represents the exterior left logical page and page three of the Privacy Notice Mailer Packet. The Awarded Contractor of this ITB shall build a reusable form template that contains all static text represented in black ink in the designated font and font size with orientations and locations as demonstrated by the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6**. The form template shall be formatted and printed as illustrated in the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6** with all words spelled correctly and printed in the correct font and font size. *There are no variable data elements mapped from the monthly presorted Privacy Notice Mailer Packet Recipient file onto logical page EL-P3.*

1.70.07 Exterior Right Logical Page on Physical PN PAGE 2 Requirements

ER-P4 represents the Privacy Notice Mailer Packet's right exterior logical page that contains the external mailing address block for the Privacy Notice recipient. **ER-P4** contains both static and variable text elements. Static text represented in black ink on this page must be coded in the correct font, font size, orientation, and mapped to locations as demonstrated on the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6**. Variable data elements are represented in **RED** ink on the Privacy Notice Mailer Packet Mock-Up/Prototype and shall be coded for and mapped to the corresponding form template locations as indicated in **Appendix G** of this ITB and as identified in the Privacy Notice Mailer Packet Mock-Up/Prototype in **Attachment 6**. The Awarded Contractor must validate the exact location of all variable printed address blocks and the postal permit indicia on **ER-P4** to meet or exceed USPS postal address requirements. Each object must be mapped onto the physical PN PAGE 2 according to the USPS specifications. The Awarded Contractor shall also produce and print the required postal endorsement or carrier line as the first line address block on the Privacy Notice Mailer Packet mailing address label in addition to the delivery point bar code in a USPS approved font and location within the delivery address printing area. If a variable data element is blank or missing in the monthly presorted Privacy Notice Mailer Packet Recipient file and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line, leaving no blank lines between address lines. There should not be any shifting of fixed or variable text on the **ER-P4** when variable text is not printed on a form template (address lines is the only exception, as previously specified).

1.70.08 Privacy Notice Mailer Packet Processing and Postal Mailing Requirements

Under a normal processing schedule, **Medicaid** schedules the production of the monthly Privacy Notice Mailer Packet Recipient file by the fifth (5th) of each month but no later than the tenth (10th) of the month. If the fifth (5th) of the month or the **Medicaid** elected processing date for the Privacy Notice Mailer Packet Recipient file scheduled productions falls on a weekend or a designated State holiday the file shall be produced on the first (1st) business day following the weekend or State Holiday. Under circumstances when the Privacy Notice Mailer Packet Recipient file is produced by **Medicaid** on a date other than the fifth (5th) of the month, **Medicaid** shall notify the Awarded Contractor's designated contact via email and/or telephone of the processing delay and expected delivery date of the monthly Privacy Notice Mailer Packet

Recipient file. Upon receipt of the file, **Medicaid** requires the Awarded Contractor to process the Privacy Notice Mailer Packet Recipient file in accordance with the requirements and specifications of this ITB.

On occasion a significant change to the Privacy Notice initiated by Medicaid or a federal mandate will result in mailing of the Privacy Notice to every Medicaid household. When this occurs the monthly production file will be equivalent to or greater than the file size produced for the Tri-Annual Privacy Notice Post Card. **Medicaid** shall send an email notification three months prior to the production run to the Awarded Contractor's designated contact that shall contain an estimated number of recipients that shall receive the Privacy Notice. The Awarded Contractor shall procure and store the estimated quantity plus an additional twenty thousand (20,000) sheets of paper specified in **1.70.02** no later than 15th day of the month prior to the production run month. The inventory must be stored onsite until the scheduled production run for the Privacy Notice to be sent to every Medicaid household.

All mail ready Privacy Notice Mailer Packets produced by the Awarded Contractor shall be mailed from a USPS within the State of Alabama. **Medicaid** shall establish and maintain a prepaid postal permit account at a designated United States Postal Service (USPS) post office agreed upon by both **Medicaid** and Awarded Contractor. Mailing cost for each processed Privacy Notice Mailer Packets shall be drawn from the **Medicaid** prepaid postal permit account. Notification instructions are documented below that the Awarded Contractor shall follow.

Upon receipt of the FTPed monthly Privacy Notice Mailer Packet Recipient file from **Medicaid** the Awarded Contractor shall complete all of the following within five (5) to seven (7) business days.

- Process the monthly Privacy Notice Mailer Packet Recipient file through the NCOA and CASS software to correct and format addresses when exactly matched, unmatched address shall be unchanged,
- Presort the monthly NCOA and CASS corrected Privacy Notice Mailer Packet Recipient file by the addressee's address using United States Postal Services Presort Accuracy Validation and Evaluation (PAVE) certified mailing software to achieve the optimum reduced postal presorted rate in accordance with the USPS regulations and requirements for the Privacy Notice Mailer Packet size, weight and the number of pieces of mail in a bundle, the postal endorsement and delivery point bar code lines shall also be added for printing purposes, USPS required sortation, delivery, packaging and tray/bag tags documentation shall also be produced by the PAVE USPS certified software,
- Print and merge the variable data from the PAVE processed monthly presorted Privacy Notice Mailer Packet Recipient file onto the reusable form templates for the Privacy Notice Mailer Packet producing a complete Privacy Notice Mailer Packet for each record contained in the PAVE processed monthly presorted Privacy Notice Mailer Packet Recipient file,
- Fold each Privacy Notice Mailer Packet to 5 ½" X 8 ½" and double tab at the top to expose the addressee's mailing address and **Medicaid** postal permit in accordance with the USPS rules and regulations,
- Package the finished Privacy Notice Mailer Packets in the designated postal trays and/or mail bags or other required mailing container in accordance with the sortation and packaging documentation produced by the USPS PAVE certified software,
- Attach the designated tray and/or bag tags to each tray and/or bag in accordance with the sortation and packaging documentation produced by the PAVE USPS certified software,
- Deliver the monthly processed Privacy Notice Mailer Packets postal trays and/or bags with the required USPS documentation produced by the CASS (signed by the appropriate authority) and PAVE to the designated USPS post office for mailing,
- Notify **Medicaid's** Postal Requirements Coordinator as identified in Section 1.70 via email that the monthly Privacy Notice Mailer Packet Recipient file for the designated month has been processed and mailed. The Awarded Contractor must include in the email the date and time processed, the quantity of

Privacy Notice Mailers Packets delivered to the USPS post office, the processing cost and the postal cost for mailing and the remaining balance on the **Medicaid** prepaid postal permit account. (The division director over the Postal Requirements Coordinator and other identified division directors shall be carbon copied on the email; **Medicaid** shall provide the email addresses of the division directors that will receive a copy of the email notification after the ITB is awarded.)

1.70.09 Privacy Notice Mailer Packet Estimated Quantities

The table in figure 1.70.03 below demonstrated the estimated quantities for the Privacy Notice Mailer Packets **Medicaid** expects to be produced based on historical data. Actual monthly and annual quantities may increase or decrease due to policy, rules or regulation changes. Bidding vendors must use the quantities in figures 1.70.03 in addition to other prep (development and maintenance), processing, time and materials cost to compute a unit price for the production of **one Privacy Notice Mailer Packet**.

Figure 1.70.03

<i>MEDICAID FORM</i>	<i>ESTIMATED MINIMUM MONTHLY QUANTITY</i>	<i>ESTIMATED MAXIMUM MONTHLY QUANTITY</i>	<i>ESTIMATED AVERAGE MONTHLY QUANTITY</i>	<i>ESTIMATED AVERAGE ANNUAL QUANTITY*</i>
Privacy Notice Mailer Packet	4,400	7,500	5,875	70,500

***NOTE:** The annual projected quantity may be significantly higher if every **Medicaid** household is required to receive a new Privacy Notice.

1.80 TRI-ANNUAL PRIVACY NOTICE POST CARDS (PNPC) MAILER PACKET REQUIREMENTS

At Medicaid's request, the apparent lowest bidder must submit a minimum of two (2) Tri-Annual Privacy Notice Post Card mock-ups/prototypes of their solution within two (2) weeks of written notification from **Medicaid**. Each submitted mock-up/prototype must meet or exceed the **Tri-Annual Privacy Notice Post Cards (PNPC) Mailer Packet, herein referred to as the PNPC Mailer Packet, requirements defined in this section and sections 1.80.01 through sections 1.80.13 of this ITB.** Bidding vendors may choose to use a font and point size that is similar in appearance and size to the fonts and point sizes that are used on the PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7**. The Awarded Contractor shall produce the production PNPC Mailer Packets form templates fixed and variable text using the **Medicaid** designated fonts and font sizes. The bidding vendor's mock-up/prototypes and the production PNPC Mailer Packets shall be printed using **BLACK ink only**; the colored ink used in the mock-ups/prototypes in the appendices of this ITB are for reference purposes only and **should not** be duplicated on the vendor's mock-ups/prototypes.

The Awarded Contractor shall maintain all electronic form templates designed for the Privacy Notice Post Card Mailer Packet in accordance with the requirements identified in previous sections of this ITB in addition to sections 1.80.01 through section 1.80.13. All PNPC Mailer Packet form templates and data merging program code designed and maintained by the Awarded Contractor shall become the property of **Medicaid** and the State of Alabama. Any proprietary software or hardware used to create and maintain the electronic form templates shall remain the property of the Awarded Contractor. All PNPC Mailer Packet form templates created for the Tri-Annual Privacy Notice Post Card must be reviewed and approved by designated **Medicaid** staff prior to production release and use. Mapping of all variable printed data elements that are printed on a PNPC Mailer Packet must be coordinated with and verified by designated **Medicaid** staff prior to production release and use. After the awarding of the contract, any **Medicaid** requested changes to the PNPC Mailer Packet form templates, variable data elements, mapping or file format thereof shall be initiated by **Medicaid** formally submitting a Document Change Request (DCR) form to the Awarded Contractor. Designated **Medicaid** staff shall review, validate, verify and approve all PNPC Mailer Packet form template or mailer packet changes prior to production implementation. The Awarded Contractor shall bill **Medicaid** at the contracted rate for staff time to create or make the required changes to the **Medicaid** form templates, program mapping logic, file formats and processing logistics in accordance with the contracted terms.

PNPC Mailer Packets shall be printed in the presorted order as determined by the PAVE USPS certified software. Each presorted Tri-Annual PNPC Recipient file must be completely processed and each PNPC Mailer Packet produced delivered to the USPS post office for postmarking and delivery based on the timeframe designated in Section 1.80.08 of this ITB. A complete PNPC Mailer Packet shall meet or exceed the following requirements:

- Have a physical size description of; 6" X 4 ½ " 75# **White** Return Card stock pre-populated on both front and back (duplex) with designated printed form templates, precisely mapped and customized with the printed variable data elements from the presorted Tri-Annual PNPC Recipient file records produced on a predefined month and date after the file has been processed through the USPS certified NCOA, CASS and PAVE software,
- Must have each form template and variable data element printed in the correct order and location on each physical page of the PNPC Mailer Packet,
- The designated physical page with variable data elements must contain the correct and precisely mapped variable data elements from one unique PNPC record without any commingling of variable data elements from other PNPC records in the same or other files,
- Each PNPC Mailer Packet shall be full postcard size of 6" X 4 ¼",

- Each PNPC Mailer Packet must be kept in presorted order as they are processed. Machine malfunctions resulting in a PNPC Mailer Packet being damaged or misprinted shall require the damaged or misprinted PNPC Mailer Packet to be reprinted and re-inserted into its proper place in accordance with the presort order, the Awarded Contractor's Quality Control procedures shall require the Awarded Contractor's staff to validate that the damaged or misprinted PNPC Mailer Packet has been replaced and placed in its proper presorted order and that the damaged or misprinted PNPC Mailer Packet has been shredded,
- Processed PNPC Mailer Packets shall be placed in mailing trays, bags, or pallets, etc... in accordance to CASS and PAVE USPS certified software specifications produced from the production run and processing of the Tri-Annual PNPC Recipient file.

1.80.01 PNPC Mailer Packet Paper Requirements

The PNPC Mailer Packet is one physical page. The interior or back logical page of the PNPC Mailer Packet shall be referenced in this ITB as PNPC PAGE 1. PNPC PAGE 1 paper specifications for the PNPC Mailer Packet are as follows:

- Dimensions weight and bond; 6" X 4 ¼ " 75# **White** Return Card stock

The PNPC Mailer Packet has one logical exterior page, referred to in this ITB as PNPC PAGE 2 that shall be printed on the backside (duplex) of logical PNPC PAGE 1. The PNPC Mailer Packet logical PNPC PAGE 2 paper specifications are as follows:

- Dimensions weight and bond; same as PNPC PAGE 1.

1.80.02 PNPC Mailer Packet Paper Inventory Requirements

In January of the **year** when the Tri-Annual Privacy Notice Post cards are scheduled for a production run **Medicaid** shall send an email notification to the Awarded Contractor designated contact that shall contain an estimated number of recipients that shall receive the Tri-Annual Privacy Notice Post card. The Awarded Contractor shall procure and store the estimated quantity plus an additional twenty thousand (20,000) of the 6" X 4 ¼" 75# **White** Return Card stock cards no later than mid-March of the scheduled processing year. The inventory must be stored onsite until the scheduled April production run for the Tri-Annual PNPC Recipient file.

1.80.03 PNPC Mailer Packet Form Template and Variable Data Requirements

Attachment 7 of this ITB contains the **Medicaid** mock-up/prototype for the PNPC Mailer Packet. The PNPC Mailer Packet Mock-Up/Prototype demonstrates the required electronic PNPC Mailer Packet template formats, fonts, font sizes, specialized printing and variable data placement for each mailer packet produced. The PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7** and detailed requirements within this ITB should be used by the bidding vendors as a reference for developing form templates and the coding and mapping of variable data elements onto the templates to produce a complete PNPC Mailer Packet. The Awarded Contractor's form templates produced for the PNPC Mailer Packet shall be reviewed by the Awarded Contractor's Quality Assurance and Control staff using **Medicaid** approved

Contractor’s policy and procedures to validate that all words on the electronic form templates are spelled correctly and that all text, tables, boxes, special characters etc. are printed in the exact locations, fonts and font sizes per specifications and requirements. The PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7** has approximately nine (9) separate variable data elements imbedded in the electronic forms that must be coded for and mapped in order to produce a complete PNPC Mailer Packet. **Medicaid’s** font preference for the PNPC Mailer Packet is as follows:

PNPC PAGE 2 (FRONT): Return Address - Times New Roman. 12 Pt
Postal Address - Times New Roman 10 Pt.
Recipient Address – Times New Roman 12Pt.

PNPC PAGE 1 (BACK): Post Card Notice Verbiage - Times New Roman 11 Pt.

Actual production PNPC Mailer Packet fonts, font sizes, style and orientations shall be determined by the PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7** in conjunction with designated **Medicaid** and Awarded Contractor staff.

Each PNPC Mailer Packet form template is made up of one physical 6” X 4 ¼” page. The PNPC Mailer Packet shall be printed in duplex with one logical 6” X 4 ¼” page on the front and one logical 6 X 4 ¼ “ page on the back of the physical page. Figure 1.80.01 below is a guide for vendors to use in understanding the meaning of the different ink colors that are used in the PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7**. For example, the text printed in **BLUE** ink on the PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7** should not be printed on the vendor’s mock-up/prototype or on the Awarded Contractor’s final PNPC Mailer Packet product. The **BLUE** ink markings serve only as a logical page identifier on a physical page for reference purposes.

FIGURE 1.80.01

<i>INK COLORS ON THE PNPC MOCK-UP/PROTOTYPE IN ATTACHMENT 7</i>	<i>WHAT THE INK REPRESENTS and WHAT IS EXPECTED TO BE PRODUCED BY THE CONTRACT AWARD VENDOR</i>
BLACK	Fixed text or images that must be printed as represented on the PNPC Mailer Packet Mock-Up/Prototype in Attachment 7 . The Awarded Contractor is expected to build an electronic form template with the text in the exact physical location as of the text on each logical page or a physical page. All words, tables, underlines, boxes, shading, and images in black must be mapped to the electronic form template as demonstrated in the PNPC Mailer Packet Mock-Up/Prototype in Attachment 7 . The form templates produced must be static, reusable and changeable per documented request from Medicaid .
BLUE	Represents a logical page identifier to indicate a logical page on a physical page. Text printed in BLUE ink should not be considered as part of the PNPC Mailer Packet form and must not be printed as part of the mailer packet, this is reference information only.

RED	Represents variable data element that are to be coded for and electronically mapped and printed onto the PNPC Mailer Packet form template from the Tri-Annual PNPC Recipient file. Text printed in RED ink are to demonstrate the location of a variable data element for mapping and printing purposes only and should not be printed as part of the PNPC Mailer Packet. Variable data elements that are mapped to these locations shall be printed in <u>bold BLACK ink only</u> .
------------	--

The table below in figure 1.80.02 demonstrates the logical page index identifiers that are used on the PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7**. The logical page index identifiers are provided as points of reference only to communicate and identify a logical page's location on a physical page. The logical page index identifiers are printed in **BLUE** ink on the PNPC Mailer Packet Mock-Up/Prototype pages in **Attachment 7**. These logical page index identifiers **should not** be considered as printable text that shall appear on the bidding vendor's sample mock-up/prototype or on the production PNPC Mailer Packet produced by the Awarded Contractor.

NOTE TO VENDORS: The physical location of a logical page on a physical page is based on an interior/back to exterior/front orientation. This means that the interior/back logical page should be located and laid out first on a physical page. Then the exterior/front logical page should be laid out based on physically flipping the 6" X 4 1/4" physical page from the right to left to determine the exterior/front location and orientation of exterior/front logical page on the exterior/front physical page.

FIGURE 1.80.02

<u>BLUE INK INDEX IDENTIFIER ON THE PNPC MAILER PACKET MOCK-UP/PROTOTYPE IN ATTACHMENT 7</u>	<u>LOGICAL PAGE LOCATION AND SIZE ON PHYSICAL PAGE</u>	<u>PHYSICAL PAGE</u>
<u>Back</u>	Interior 6" X 4 1/4"	PNPC PAGE 1
<u>Front</u>	Exterior 6" X 4 1/4"	PNPC PAGE 2

1.80.04 Interior/Back Logical Page on Physical PNPC PAGE 1 Requirements

Back represents the PNPC Mailer Packet logical page for the interior/back PNPC Mailer Packet form templates. The Awarded Contractor shall build and code a reusable electronic form template for the recipient renewal reminder message. The PNPC Mailer Packet form template for PNPC PAGE 1 shall be formatted and printed as illustrated in the PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7** with all words spelled correctly printed in the correct font and font size as provided in Section 1.80.03 of this ITB. There are no variable data elements mapped or printed on the PNPC Page 1 logical page.

1.80.05 Exterior/Front Logical Page on Physical PNPC PAGE 2 Requirements

Front represents the front logical page of the PNPC Mailer Packet. The Contactor Awarded this ITB shall build a reusable form template that contains all static text represented in black ink in the fonts, font sizes (see Section 1.80.03), orientation and locations as demonstrated by the PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7**. The form template shall be formatted and printed as illustrated in the PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7** with all words spelled correctly and printed in the correct font. Variable data elements represented in **RED** ink shall be coded for and mapped to the form template locations as indicated in **Appendix H** of this ITB and as illustrated by the PNPC Mailer Packet Mock-Up/Prototype in **Attachment 7**. Line one of the variable data for the recipient mailing address block shall be the postal endorsement line. Subsequent variable text recipient mailing address block lines printed on the **Front** shall be coded for and mapped to the form template locations in accordance with USPS requirements and guidelines. If a variable data element is blank or missing and the data element is an address line, program logic shall be coded by the Awarded Contractor's technical staff to move all following address lines up one line for printing purposes, leaving no blank lines between address lines. The final line of the recipient address block shall contain the USPS postal delivery point barcode generated by the CASS/PAVE USPS certified software. There should not be any shifting of fixed or variable text on the **Front** unless otherwise specified (address lines is the only exception, as previously specified).

1.80.06 PNPC Mailer Packet Processing and Postal Mailing Requirements

Under a normal processing schedule, **Medicaid** schedules the production of the Tri-Annual PNPC Recipient file in three (3) year cycles on the first Monday or first workday in April of the third year. For the purposes of this ITB, the Tri-Annual PNPC Recipient file projected upcoming mail-out timeframes are April 2012 and April 2015 unless changed by **Medicaid**. The current and subsequent due dates for the Tri-Annual Privacy Notice Post Card may change when Medicaid is required to mail a Privacy Notice to the entire Medicaid population. Example: Mailing the Privacy Notice to the entire Medicaid population in January 2011 would change next Tri-Annual Privacy Notice Post Card mailing due date to January 2014 with a subsequent mailing date of January 2017. The Awarded Contractor shall receive an email around the 1st of January in year the PNPC are to be produced with the projected number of recipients that shall be mailed a PNPC Mailer Packet. The Awarded Contract shall follow the requirements as documented in **Section 1.80.02** of this ITB to procure and store the required inventory stock to successfully process the file upon receipt. Under circumstances when the Tri-Annual PNPC Recipient file is produced by **Medicaid** on a day other than the first Monday or first work day in April, **Medicaid** shall notify the Awarded Contractor's designated contact via email and/or telephone of the processing delay and expected delivery date of the Tri-Annual PNPC Recipient File. Upon receipt of the Tri-Annual PNPC Recipient File by the Awarded Contractor **Medicaid** expects processing and delivery of the PNPC Mailer Packets as specified in Sections 1.80 thru 1.80.07.

All mail ready PNPC Mailer Packets produced by the Awarded Contractor shall be mailed from a USPS post office. **Medicaid** shall establish and maintain a prepaid postal permit account at a designated USPS post office agreed upon by both **Medicaid** and Awarded Contractor. Mailing cost for each processed PNPC Mailer Packet shall be drawn from the **Medicaid** prepaid postal permit account. Notification instructions are documented below that the Awarded Contractor shall follow.

Upon receipt of the Tri-Annual PNPC Recipient file from **Medicaid** the Awarded Contractor shall complete all of the following by the last business day in April of the year in which the Tri-Annual PNPC Recipient file is received.

- Process the Tri-Annual PNPC Recipient File through the NCOA and CASS software to correct and format addresses when exactly matched, unmatched address shall be unchanged,

- Presort the CASS corrected Tri-Annual PNPC Recipient file by the addressee's address using United States Postal Services Presort Accuracy Validation and Evaluation (PAVE) certified mailing software to achieve the optimum reduced postal presorted rate in accordance with the USPS regulations and requirements for the PNPC Mailer Packet size, weight and the number of pieces of mail in a bundle, the postal endorsement and delivery point bar code lines shall also be added for printing purposes, USPS required sortation, delivery, packaging and tray/bag tags documentation shall also be produced by the PAVE USPS certified software,
- Print and merge the variable data from the PAVE processed presorted Tri-Annual PNPC Recipient file onto the reusable form templates for the PNPC Mailer Packet producing a complete PNPC Mailer Packet for each record contained in the PAVE processed presorted Tri-Annual PNPC Recipient file,
- Package the finished PNPC Mailer Packets in the designated postal trays and/or mail bags or other required mailing container in accordance with the sortation and packaging documentation produced by the USPS PAVE certified software,
- Attach the designated tray and/or bag tags to each tray and/or bag in accordance with the sortation and packaging documentation produced by the PAVE USPS certified software,
- Deliver the processed PNPC Mailer Packets postal trays and/or bags with the required USPS documentation produced by the CASS (signed by the appropriate authority) and PAVE to the designated USPS post office for mailing,
- Notify **Medicaid's** Postal Requirements Coordinator as identified in Section 1.70 via email that the Tri-Annual Privacy Notice Post Cards Mailer Packet Recipient file for the designated year has been processed and mailed. The Awarded Contractor must include in the email the date and time processed, the quantity of PNPC Mailers Packets delivered to the USPS post office, the processing cost and the postal cost for mailing and the remaining balance on the **Medicaid** prepaid postal permit account. (The division director over the Postal Requirements Coordinator, HIPAA Privacy Officer identified in Section 1.80 and other identified **Medicaid** staff shall be carbon copied on the email; **Medicaid** shall provide the email addresses of the other **Medicaid** staff that will receive a copy of the email notification after the ITB is awarded.)

1.80.07 PNPC Mailer Packet Estimated Quantities

The table in figure 1.80.03 below demonstrated the estimated quantity of PNPC Mailer Packets **Medicaid** expects to be produced based on historical data. Actual monthly and annual quantities may increase or decrease due to policy, rules or regulation changes. Bidding vendors must use the quantities in figures 1.80.03 in addition to other prep (development and maintenance), processing, time and materials cost to compute a unit price for the production of one PNPC Mailer Packet.

Figure 1.80.03

MEDICAID FORM	ESTIMATED 2012 TRI-ANNUAL QUANTITY	ESTIMATED 2015 TRI-ANNUAL QUANTITY
PNPC Mailer Packet	2,000,000	3,500,000

1.90 ADDRESS CHANGE FILE REQUIREMENTS

Each **Medicaid** file that is processed against the current or up-to-date NCOA database that produces a matched address shall create a address change record in a new Address Change File that must contain the new or forwarded address for the **Medicaid** recipient in the format as defined in **APPENDIX I**. The Contractor shall work with designated Medicaid staff to define the files names and processing schedule for the Change of Address files. The file must be FTPed back to **Medicaid** using a predefined FTP protocol that is coordinated with designated **Medicaid** staff. The Address Change File must be FTPed back to **Medicaid** within three to five business days after being created. There should be one Address Change File created per specified **Medicaid** file processed by the Contractor. If no matches or change of address are found for a **Medicaid** file that is being processed the Contractor is not required to FTP an empty file or notice to **Medicaid**. **Medicaid** shall setup and maintain in-house jobs to process each Change of Address File based on the mutually agreed to schedule.

APPENDIX A - MEDICAID BUSINESS ASSOCIATE ADDENDUM

ALABAMA MEDICAID AGENCY BUSINESS ASSOCIATE ADDENDUM

1. This Business Associate Addendum (this "Agreement") is made effective the _____ day of _____, 20____, by and between the Alabama Medicaid Agency ("Covered Entity"), an agency of the State of Alabama, and _____ ("Business Associate") (collectively the "Parties").

2. BACKGROUND

- a. Covered Entity and Business Associate are parties to a contract entitled _____ (the "Contract"), whereby Business Associate agrees to perform certain services for or on behalf of Covered Entity.
- b. The relationship between Covered Entity and Business Associate is such that the Parties believe Business Associate is or may be a "business associate" within the meaning of the HIPAA Privacy Rule (as defined below).
- c. The Parties enter into this Business Associate Addendum to the Contract with the intention of complying with the HIPAA Privacy Rule provision that a covered entity may disclose protected health information to a business associate, and may allow a business associate to create or receive protected health information on its behalf, if the covered entity obtains satisfactory assurances that the business associate will appropriately safeguard the information.

3. DEFINITIONS

Unless otherwise clearly indicated by the context, the following terms shall have the following meaning in this Agreement:

- a. "HIPAA" means the Administrative Simplification Provisions, Sections 261 through 264, of the federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.
- b. "Individual" shall have the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).
- c. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

- d. “Protected Health Information” (PHI) shall have the same meaning as the term “protected health information” in 45 CFR 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- e. “Required By Law” shall have the same meaning as the term “required by law” in 45 CFR 164.501.
- f. “Secretary” shall mean the Secretary of the United States Department of Health and Human Services or his designee.
- g. Unless otherwise defined in this Agreement, capitalized terms used herein shall have the same meaning as those terms have in the Privacy Rule.

4. OBLIGATIONS OF BUSINESS ASSOCIATE

- a. Use and Disclosure of PHI. Business Associate agrees to not use or disclose PHI other than as permitted or required by this Agreement or as Required By Law.
- b. Appropriate Safeguards. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the PHI other than as provided for by this Agreement. The Business Associate agrees to take steps to safeguard, implement and maintain PHI in accordance with the HIPAA Privacy Rule.
- c. Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate in violation of the requirements of this Agreement.
- d. Report Unauthorized Use or Disclosure. Business Associate agrees to promptly report to Covered Entity any use or disclosure of PHI not provided for by this Agreement of which it becomes aware.
- e. Applicability to Business Associate’s Agents. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the Business Associate on behalf of, Covered Entity agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information. The Business Associate agrees to have HIPAA-compliant Business Associate Agreements or equivalent contractual agreements with agents to whom the Business Associate discloses Covered Entity PHI.
- f. Access. Upon receipt of a written request from Covered Entity, Business Associate agrees to provide Covered Entity, in order to allow Covered Entity to meet its requirements under 45 CFR 164.524, access to PHI maintained by Business Associate in a Designated Record Set within thirty (30) business days.
- g. Amendments to PHI. Business Associate agrees to make any amendment(s) to PHI maintained by Business Associate in a Designated Record Set that **Covered**

Entity directs or agrees to, pursuant to 45 CFR 164.526 at the request of Covered Entity, within thirty (30) calendar days after receiving a written request for amendment from Covered Entity.

- h. **Availability of Documents.** Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, Covered Entity, available to Covered Entity or to the Secretary for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule, within five business days' after receipt of written notice.
- i. **Documentation of PHI Disclosures.** Business Associate agrees to keep records of disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.
- j. **Accounting of Disclosures.** The Business Associate agrees to provide to Covered Entity, within 30 days of receipt of a written request from Covered Entity, information collected in accordance with the documentation of PHI disclosure of this Agreement, to permit Covered Entity to respond to a request by an Individual or an authorized representative for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.

5. PERMITTED USES AND DISCLOSURES

Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Contract, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity;

- a. Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.
- b. Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may disclose PHI for the proper management and administration of the Business Associate, provided that:
 - 1) disclosures are Required By Law; or
 - 2) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate

of any instances of which it is aware in which the confidentiality of the information has been breached.

- c. Except as otherwise limited in this Agreement, if the Contract permits, Business Associate may use PHI to provide data aggregation services to Covered Entity as permitted by 42 CFR 164.504(e)(2)(i)(B).
- d. Notwithstanding the foregoing provisions, Business Associate may not use or disclose PHI if the use or disclosure would violate any term of the Contract.

6. OBLIGATIONS OF COVERED ENTITY

- a. Covered Entity shall notify the Business Associate of any limitation(s) in its notice of privacy practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect Alabama Medicaid's use or disclosure of PHI.
- b. Covered Entity shall notify the Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose PHI, to the extent that such changes may affect the Business Associate's use or disclosure of PHI.
- c. Covered Entity shall notify the Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.
- d. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity.
- e. Covered Entity shall provide Business Associate with only that PHI which is minimally necessary for Business Associate to provide the services.

7. TERM AND TERMINATION

- a. **Term.** The Term of this Agreement shall be effective as of the effective date stated above and shall terminate when the Contract terminates.
- b. **Termination for Cause.** Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity may, at its option:
 - 1) Provide an opportunity for Business Associate to cure the breach or end the violation, and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
 - 2) Immediately terminate this Agreement; or
 - 3) If neither termination nor cure is feasible, report the violation to the Secretary as provided in the Privacy Rule.
- c. **Effect of Termination.**
 - 1) Except as provided in paragraph (2) of this section or in the Contract, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
 - 2) In the event that Business Associate determines that returning or destroying the PHI is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible. Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such PHI.

8. GENERAL TERMS AND CONDITIONS

- a. This Agreement amends and is part of the Contract.
- b. Except as provided in this Agreement, all terms and conditions of the Contract shall remain in force and shall apply to this Agreement as if set forth fully herein.
- c. In the event of a conflict in terms between this Agreement and the Contract, the interpretation that is in accordance with the Privacy Rule shall prevail. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.
- d. A breach of this Agreement by Business Associate shall be considered sufficient basis for Covered Entity to terminate the Contract for cause.

- e. The Parties agree to take such action as is necessary to amend this Agreement from time to time for Covered Entity to comply with the requirements of the Privacy Rule and HIPAA.

IN WITNESS WHEREOF, Covered Entity and Business Associate have executed this Agreement effective on the date as stated above.

ALABAMA MEDICAID AGENCY

Signature: _____
Printed Name: Paul Brannan
Title: Privacy Officer
Date: _____

BUSINESS ASSOCIATE

Signature: _____
Printed Name: _____
Title: _____
Date: _____

APPENDIX B - SOBRA 291B MAILER PACKET RENEWAL FILE

FIELD NAME	FIELD TYPE	FIELD LENGTH	BLUE INK INDEX IDENTIFIER ON THE SOBRA 291B MAILER PACKET MOCK-UP	MAPPED TO LINE ON A LOGICAL PAGE
Worker Name and Number	Alpha	40	ER-P1	Return Address (Line 1)
			IL-P1	Your Worker is (Line 11)
			IR-P1	Envelope Mailing Address (Line 5)
			EL-P2	Mail to Address (Line 1)
Comma (separator)	Alpha	1		
Worker Site	Alpha	40	ER-P1	Return Address (Line 2)
			IL-P1	Your Worker is (Line 12)
			IR-P1	Envelope Mailing Address (Line 6)
			EL-P2	Mail to Address (Line 2)
Comma (separator)	Alpha	1		
Worker Address Line 1	Alpha	40	ER-P1	Return Address (Line 3)
			IL-P1	Your Worker is (Line 13)
			IR-P1	Envelope Mailing Address (Line 7)
			EL-P2	Mail to Address (Line 13)
Comma (separator)	Alpha	1		
Worker Address Line 2	Alpha	40	ER-P1	Return Address (Line 4)
			IL-P1	Your Worker is (Line 14)

			IR-P1	Envelope Mailing Address (Line 8)
			EL-P2	Mail to Address (Line 4)
Comma (separator)	Alpha	1		
Worker City State Zip	Alpha	40	ER-P1	Return Address (Line 5)
			IL-P1	Your Worker is (Line 15)
			IR-P1	Envelope Mailing Address (Line 9)
			EL-P2	Mail to Address (Line 5)
Comma (separator)	Alpha	1		
Worker Phone	Alpha	14	IL-P1	Your Worker is (Line 16)
Comma (separator)	Alpha	1		
Payee Name	Alpha	40	ER-P1	Mailing Address (Line 1)
			IL-P1	Letter Addressed to (Line 2)
			IR-P1	Envelope Return Address (Line 1)
			ER-P2	1. Recipient Address (Line 2)
Comma (separator)	Alpha	1		
Payee Address Line 1	Alpha	40	ER-P1	Mailing Address (Line 2)
			IL-P1	Letter Addressed to (Line 3)
			IR-P1	Envelope Return Address (Line 2)
			ER-P2	1. Recipient Address (Line 3)
Comma (separator)	Alpha	1		
Payee Address Line 2	Alpha	40	ER-P1	Mailing Address (Line 3)
			IL-P1	Letter Addressed to (Line 4)
			IR-P1	Envelope Return Address (Line 3)
			ER-P2	1. Recipient Address (Line 4)
Comma (separator)	Alpha	1		

Payee City State Zip	Alpha	40	ER-P1	Mailing Address (Line 4)
			IL-P1	Letter Addressed to (Line 5)
			IR-P1	Envelope Return Address (Line 4)
			ER-P2	1. Recipient Address (Line 5)
Comma (separator)	Alpha	1		
Payee Phone Number	Alpha	14	ER-P2	1. Recipient Phone # (Line 6)
Comma (separator)	Alpha	1		
Other Phone Number	Alpha	14	ER-P2	1. Recipient Other Phone # (Line 7)
Comma (separator)	Alpha	1		
Whose Phone Number	Alpha	22	ER-P2	1. Recipient Whose Phone # (Line 7)
Comma (separator)	Alpha	1		
Current Month	Alpha	15	IL-P1	Review Processing Date (Line 7)
				Review Processing Date (Line 8)
				Review Processing Date (Line 9)
Comma (separator)	Alpha	1		
Current Date	Alpha	18	IL-P1	Date month (alpha) day, year (Line 1)
Comma (separator)	Alpha	1		
Current Medicaid Number	Alpha	15	IL-P1	Medicaid ID # (Line 5)
Comma (separator)	Alpha	1		
Current Review Date	Alpha	15	IL-P1	Review Date (Line 6)
				Review Date (Line 10)
			ER-P2	Renewal Period Date Top Of Form (Line 1)
Comma (separator)	Alpha	1		
County	Alpha	14	ER-P2	1. Recipient County Residence (Line 5)
Comma (separator)	Alpha	1		

Marital Status	Alpha	9	ER-P2	1. Recipient Marital Status (Line 8)
Comma (separator)	Alpha	1		
Language Indicator	Alpha	7	ER-P2	1. Recipient Language (Line 9)
Comma (separator)	Alpha	1		
Insurance Policy Holder	Alpha	22	ER-P2	3. Health Ins Policyholder (Line 10)
Comma (separator)	Alpha	1		
Insurance Company Name	Alpha	22	ER-P2	3. Health Ins-Ins Company (Line 10)
Comma (separator)	Alpha	1		
Insurance Policy Number	Alpha	15	ER-P2	3. Health Ins-Policy # (Line 10)
Comma (separator)	Alpha	1		
Insurance Group Number	Alpha	15	ER-P2	3. Health Ins-Group # (Line 10)
Comma (separator)	Alpha	1		
Insurance Effective Date	Alpha	7	ER-P2	3. Health Ins-Effect. Date (Line 10)
Comma (separator)	Alpha	1		
SOBRA Member 1 Name	Alpha	22	IL-P2	7. Household Name (Line 1)
Comma (separator)	Alpha	1		
SOBRA Member 1 SSN	Alpha	11	IL-P2	7. Household SSN (Line 1)
Comma (separator)	Alpha	1		
SOBRA Member 1 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 1)
Comma (separator)	Alpha	1		
SOBRA Member 1 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 1)
Comma (separator)	Alpha	1		
SOBRA Member 1 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 1)
Comma (separator)	Alpha	1		
SOBRA Member 1 Age	Alpha	3	IL-P2	7. Household Age (Line 1)

Comma (separator)	Alpha	1		
SOBRA Member 1 Sex	Alpha	1	IL-P2	7. Household Sex (Line 1)
Comma (separator)	Alpha	1		
SOBRA Member 1 Race	Alpha	30	IL-P2	7. Household Race (Line 1)
Comma (separator)	Alpha	1		
SOBRA Member 2 Name	Alpha	22	IL-P2	7. Household Name (Line 2)
Comma (separator)	Alpha	1		
SOBRA Member 2 SSN	Alpha	11	IL-P2	7. Household SSN (Line 2)
Comma (separator)	Alpha	1		
SOBRA Member 2 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 2)
Comma (separator)	Alpha	1		
SOBRA Member 2 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 2)
Comma (separator)	Alpha	1		
SOBRA Member 2 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 2)
Comma (separator)	Alpha	1		
SOBRA Member 2 Age	Alpha	3	IL-P2	7. Household Age (Line 2)
Comma (separator)	Alpha	1		
SOBRA Member 2 Sex	Alpha	1	IL-P2	7. Household Sex (Line 2)
Comma (separator)	Alpha	1		
SOBRA Member 2 Race	Alpha	30	IL-P2	7. Household Race (Line 2)
Comma (separator)	Alpha	1		
SOBRA Member 3 Name	Alpha	22	IL-P2	7. Household Name (Line 3)
Comma (separator)	Alpha	1		
SOBRA Member 3 SSN	Alpha	11	IL-P2	7. Household SSN (Line 3)
Comma (separator)	Alpha	1		

SOBRA Member 3 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 3)
Comma (separator)	Alpha	1		
SOBRA Member 3 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 3)
Comma (separator)	Alpha	1		
SOBRA Member 3 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 3)
Comma (separator)	Alpha	1		
SOBRA Member 3 Age	Alpha	3	IL-P2	7. Household Age (Line 3)
Comma (separator)	Alpha	1		
SOBRA Member 3 Sex	Alpha	1	IL-P2	7. Household Sex (Line 3)
Comma (separator)	Alpha	1		
SOBRA Member 3 Race	Alpha	30	IL-P2	7. Household Race (Line 3)
Comma (separator)	Alpha	1		
SOBRA Member 4 Name	Alpha	22	IL-P2	7. Household Name (Line 4)
Comma (separator)	Alpha	1		
SOBRA Member 4 SSN	Alpha	11	IL-P2	7. Household SSN (Line 4)
Comma (separator)	Alpha	1		
SOBRA Member 4 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 4)
Comma (separator)	Alpha	1		
SOBRA Member 4 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 4)
Comma (separator)	Alpha	1		
SOBRA Member 4 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 4)
Comma (separator)	Alpha	1		
SOBRA Member 4 Age	Alpha	3	IL-P2	7. Household Age (Line 4)
Comma (separator)	Alpha	1		
SOBRA Member 4 Sex	Alpha	1	IL-P2	7. Household Sex (Line 4)

Comma (separator)	Alpha	1		
SOBRA Member 4 Race	Alpha	30	IL-P2	7. Household Race (Line 4)
Comma (separator)	Alpha	1		
SOBRA Member 5 Name	Alpha	22	IL-P2	7. Household Name (Line 5)
Comma (separator)	Alpha	1		
SOBRA Member 5 SSN	Alpha	11	IL-P2	7. Household SSN (Line 5)
Comma (separator)	Alpha	1		
SOBRA Member 5 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 5)
Comma (separator)	Alpha	1		
SOBRA Member 5 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 5)
Comma (separator)	Alpha	1		
SOBRA Member 5 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 5)
Comma (separator)	Alpha	1		
SOBRA Member 5 Age	Alpha	3	IL-P2	7. Household Age (Line 5)
Comma (separator)	Alpha	1		
SOBRA Member 5 Sex	Alpha	1	IL-P2	7. Household Sex (Line 5)
Comma (separator)	Alpha	1		
SOBRA Member 5 Race	Alpha	30	IL-P2	7. Household Race (Line 5)
Comma (separator)	Alpha	1		
SOBRA Member 6 Name	Alpha	22	IL-P2	7. Household Name (Line 6)
Comma (separator)	Alpha	1		
SOBRA Member 6 SSN	Alpha	11	IL-P2	7. Household SSN (Line 6)
Comma (separator)	Alpha	1		
SOBRA Member 6 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 6)
Comma (separator)	Alpha	1		

SOBRA Member 6 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 6)
Comma (separator)	Alpha	1		
SOBRA Member 6 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 6)
Comma (separator)	Alpha	1		
SOBRA Member 6 Age	Alpha	3	IL-P2	7. Household Age (Line 6)
Comma (separator)	Alpha	1		
SOBRA Member 6 Sex	Alpha	1	IL-P2	7. Household Sex (Line 6)
Comma (separator)	Alpha	1		
SOBRA Member 6 Race	Alpha	30	IL-P2	7. Household Race (Line 6)
Comma (separator)	Alpha	1		
SOBRA Member 7 Name	Alpha	22	IL-P2	7. Household Name (Line 7)
Comma (separator)	Alpha	1		
SOBRA Member 7 SSN	Alpha	11	IL-P2	7. Household SSN (Line 7)
Comma (separator)	Alpha	1		
SOBRA Member 7 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 7)
Comma (separator)	Alpha	1		
SOBRA Member 7 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 7)
Comma (separator)	Alpha	1		
SOBRA Member 7 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 7)
Comma (separator)	Alpha	1		
SOBRA Member 7 Age	Alpha	3	IL-P2	7. Household Age (Line 7)
Comma (separator)	Alpha	1		
SOBRA Member 7 Sex	Alpha	1	IL-P2	7. Household Sex (Line 7)
Comma (separator)	Alpha	1		
SOBRA Member 7 Race	Alpha	30	IL-P2	7. Household Race (Line 7)

Comma (separator)	Alpha	1		
SOBRA Member 8 Name	Alpha	22	IL-P2	7. Household Name (Line 8)
Comma (separator)	Alpha	1		
SOBRA Member 8 SSN	Alpha	11	IL-P2	7. Household SSN (Line 8)
Comma (separator)	Alpha	1		
SOBRA Member 8 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 8)
Comma (separator)	Alpha	1		
SOBRA Member 8 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 8)
Comma (separator)	Alpha	1		
SOBRA Member 8 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 8)
Comma (separator)	Alpha	1		
SOBRA Member 8 Age	Alpha	3	IL-P2	7. Household Age (Line 8)
Comma (separator)	Alpha	1		
SOBRA Member 8 Sex	Alpha	1	IL-P2	7. Household Sex (Line 8)
Comma (separator)	Alpha	1		
SOBRA Member 8 Race	Alpha	30	IL-P2	7. Household Race (Line 8)
Comma (separator)	Alpha	1		
SOBRA Member 9 Name	Alpha	22	IL-P2	7. Household Name (Line 9)
Comma (separator)	Alpha	1		
SOBRA Member 9 SSN	Alpha	11	IL-P2	7. Household SSN (Line 9)
Comma (separator)	Alpha	1		
SOBRA Member 9 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 9)
Comma (separator)	Alpha	1		
SOBRA Member 9 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 9)
Comma (separator)	Alpha	1		

SOBRA Member 9 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 9)
Comma (separator)	Alpha	1		
SOBRA Member 9 Age	Alpha	3	IL-P2	7. Household Age (Line 9)
Comma (separator)	Alpha	1		
SOBRA Member 9 Sex	Alpha	1	IL-P2	7. Household Sex (Line 9)
Comma (separator)	Alpha	1		
SOBRA Member 9 Race	Alpha	30	IL-P2	7. Household Race (Line 9)
Comma (separator)	Alpha	1		
SOBRA Member 10 Name	Alpha	22	IL-P2	7. Household Name (Line 10)
Comma (separator)	Alpha	1		
SOBRA Member 10 SSN	Alpha	11	IL-P2	7. Household SSN (Line 10)
Comma (separator)	Alpha	1		
SOBRA Member 10 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 10)
Comma (separator)	Alpha	1		
SOBRA Member 10 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 10)
Comma (separator)	Alpha	1		
SOBRA Member 10 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 10)
Comma (separator)	Alpha	1		
SOBRA Member 10 Age	Alpha	3	IL-P2	7. Household Age (Line 10)
Comma (separator)	Alpha	1		
SOBRA Member 10 Sex	Alpha	1	IL-P2	7. Household Sex (Line 10)
Comma (separator)	Alpha	1		
SOBRA Member 10 Race	Alpha	30	IL-P2	7. Household Race (Line 10)
Comma (separator)	Alpha	1		
SOBRA Member 11 Name	Alpha	22	IL-P2	7. Household Name (Line 11)

Comma (separator)	Alpha	1		
SOBRA Member 11 SSN	Alpha	11	IL-P2	7. Household SSN (Line 11)
Comma (separator)	Alpha	1		
SOBRA Member 11 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 11)
Comma (separator)	Alpha	1		
SOBRA Member 11 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 11)
Comma (separator)	Alpha	1		
SOBRA Member 11 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 11)
Comma (separator)	Alpha	1		
SOBRA Member 11 Age	Alpha	3	IL-P2	7. Household Age (Line 11)
Comma (separator)	Alpha	1		
SOBRA Member 11 Sex	Alpha	1	IL-P2	7. Household Sex (Line 11)
Comma (separator)	Alpha	1		
SOBRA Member 11 Race	Alpha	30	IL-P2	7. Household Race (Line 11)
Comma (separator)	Alpha	1		
SOBRA Member 12 Name	Alpha	22	IL-P2	7. Household Name (Line 12)
Comma (separator)	Alpha	1		
SOBRA Member 12 SSN	Alpha	11	IL-P2	7. Household SSN (Line 12)
Comma (separator)	Alpha	1		
SOBRA Member 12 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 12)
Comma (separator)	Alpha	1		
SOBRA Member 12 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 12)
Comma (separator)	Alpha	1		
SOBRA Member 12 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 12)
Comma (separator)	Alpha	1		

SOBRA Member 12 Age	Alpha	3	IL-P2	7. Household Age (Line 12)
Comma (separator)	Alpha	1		
SOBRA Member 12 Sex	Alpha	1	IL-P2	7. Household Sex (Line 12)
Comma (separator)	Alpha	1		
SOBRA Member 12 Race	Alpha	30	IL-P2	7. Household Race (Line 12)
Comma (separator)	Alpha	1		
SOBRA Member 13 Name	Alpha	22	IL-P2	7. Household Name (Line 13)
Comma (separator)	Alpha	1		
SOBRA Member 13 SSN	Alpha	11	IL-P2	7. Household SSN (Line 13)
Comma (separator)	Alpha	1		
SOBRA Member 13 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 13)
Comma (separator)	Alpha	1		
SOBRA Member 13 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 13)
Comma (separator)	Alpha	1		
SOBRA Member 13 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 13)
Comma (separator)	Alpha	1		
SOBRA Member 13 Age	Alpha	3	IL-P2	7. Household Age (Line 13)
Comma (separator)	Alpha	1		
SOBRA Member 13 Sex	Alpha	1	IL-P2	7. Household Sex (Line 13)
Comma (separator)	Alpha	1		
SOBRA Member 13 Race	Alpha	30	IL-P2	7. Household Race (Line 13)
Comma (separator)	Alpha	1		
SOBRA Member 14 Name	Alpha	22	IL-P2	7. Household Name (Line 14)
Comma (separator)	Alpha	1		
SOBRA Member 14 SSN	Alpha	11	IL-P2	7. Household SSN (Line 14)

Comma (separator)	Alpha	1		
SOBRA Member 14 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 14)
Comma (separator)	Alpha	1		
SOBRA Member 14 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 14)
Comma (separator)	Alpha	1		
SOBRA Member 14 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 14)
Comma (separator)	Alpha	1		
SOBRA Member 14 Age	Alpha	3	IL-P2	7. Household Age (Line 14)
Comma (separator)	Alpha	1		
SOBRA Member 14 Sex	Alpha	1	IL-P2	7. Household Sex (Line 14)
Comma (separator)	Alpha	1		
SOBRA Member 14 Race	Alpha	30	IL-P2	7. Household Race (Line 14)
Comma (separator)	Alpha	1		
SOBRA Member 15 Name	Alpha	22	IL-P2	7. Household Name (Line 15)
Comma (separator)	Alpha	1		
SOBRA Member 15 SSN	Alpha	11	IL-P2	7. Household SSN (Line 15)
Comma (separator)	Alpha	1		
SOBRA Member 15 Relationship	Alpha	12	IL-P2	7. Household Relationship (Line 15)
Comma (separator)	Alpha	1		
SOBRA Member 15 Citizenship	Alpha	20	IL-P2	7. Household Citizenship (Line 15)
Comma (separator)	Alpha	1		
SOBRA Member 15 Date of Birth	Alpha	10	IL-P2	7. Household Date of Birth (Line 15)
Comma (separator)	Alpha	1		
SOBRA Member 15 Age	Alpha	3	IL-P2	7. Household Age (Line 15)
Comma (separator)	Alpha	1		

SOBRA Member 15 Sex	Alpha	1	IL-P2	7. Household Sex (Line 15)
Comma (separator)	Alpha	1		
SOBRA Member 15 Race	Alpha	30	IL-P2	7. Household Race (Line 15)
Comma (separator)	Alpha	1		

This file is comma delimited file prepared on the State's mainframe and sent via FTP to the Awarded Contractor's secure FTP server. *The line numbers in parenthesis in the last column represents lines on a logical page where a variable data element is printed. The variable data lines are sequentially number from the top of the page to the bottom of the page. Lines with multiple variable data elements all receive the same line number.*

APPENDIX C - DOR 207I MAILER PACKET REVIEW FILE

FIELD NAME	FIELD TYPE	FIELD LENGTH	BLUE INK INDEX IDENTIFIER ON THE DOR 207I MAILER PACKET MOCK-UP	MAPPED TO LINE ON A LOGICAL PAGE
DOR Recipient Medicaid Number	Alpha	15	IL-P1	Medicaid ID # top middle of letter (Line 5)
			ER-P2	1. Recipient: Medicaid I.D. # (Line 2)
Comma (separator)	Alpha	1		
DOR Recipient Name	Alpha	40	IL-P1	Recipient's Name top middle of letter (Line 4)
			ER-P2	1. Recipient: Name (Line 2)
Comma (separator)	Alpha	1		
Recipient Marital Status	Alpha	9	ER-P2	2. Marital Status: (Line 7)
Comma (separator)	Alpha	1		
DOR Worker Name and Number	Alpha	40	ER-P1	Return Address (Line 1)
			IL-P1	Your Medicaid Worker is (Line 9)
			IR-P1	Envelope Mailing Address (Line 5)
Comma (separator)	Alpha	1		
DOR Worker Site	Alpha	40	ER-P1	Return Address (Line 2)
			IR-P1	Envelope Mailing Address (Line 6)
Comma (separator)	Alpha	1		
DOR Worker Address Line 1	Alpha	40	ER-P1	Return Address (Line 3)

			IL-P1	Your Medicaid Worker is (Line 10)
			IR-P1	Envelope Mailing Address (Line 7)
Comma (separator)	Alpha	1		
DOR Worker Address Line 2	Alpha	40	ER-P1	Return Address (Line 4) (If present)
			IL-P1	Your Worker is (Line 11)
			IR-P1	Envelope Mailing Address (Line 8)
Comma (separator)	Alpha	1		
DOR Worker City State Zip	Alpha	40	ER-P1	Return Address (Line 5)
			IL-P1	Your Worker is (Line 12)
			IR-P1	Envelope Mailing Address (Line 9)
Comma (separator)	Alpha	1		
DOR Worker Phone	Alpha	14	IL-P1	Your Medicaid Worker is (Line 13)
Comma (separator)	Alpha	1		
Sponsor's Name	Alpha	40	ER-P1	Mailing Address Sponsor's Name (Line 6)
			IL-P1	Letter Addressed to (Line 2)
			IR-P1	Envelope Return Address (Line 1)
			ER-P2	1. Recipient: Sponsor Name (Line 3)
Comma (separator)	Alpha	1		
Sponsor's Address Line 1	Alpha	40	ER-P1	Mailing Address (Line 7)
			IL-P1	Letter Addressed to (Line 3)
			IR-P1	Envelope Return Address (Line 2)
			ER-P2	1. Recipient: Sponsor Address 1 (Line 4)
Comma (separator)	Alpha	1		
Sponsor's Address Line 2	Alpha	40	ER-P1	Mailing Address 2 (Line 8)
			IL-P1	Letter Address 2 (Line 4)

			IR-P1	Envelope Return Address 2 (Line 3)
			ER-P2	1. Recipient: Sponsor Address 2 (Line 5)
Comma (separator)	Alpha	1		
Sponsor's City State Zip	Alpha	40	ER-P1	Mailing Address (city, state zip) (Line 9)
			IL-P1	Letter Addressed to (city, state zip) (Line 5)
			IR-P1	Envelope Return Address (city, St zip) (Line 4)
			ER-P2	1. Recipient: Sponsor (city, St zip) (Line 6)
Comma (separator)	Alpha	1		
DOR Review Date	Alpha	15	IL-P1	Letter Body Review Date 1 (Line 6)
				Letter Body Review Date 2 (Line 7)
				Letter Body Review Date 3 (Line 8)
Comma (separator)	Alpha	1		
Letter Current Date	Alpha	15	IL-P1	Letter Date Top Center (Line 1)
Comma (separator)	Alpha	1		
Review Form Month Year	Alpha	15	ER-P2	Review Form Page 1 (Line 1)
Comma (separator)	Alpha	1		
Recipient Current Residence	Alpha	18	ER-P2	3. Where do you Live? (Line 8)
Comma (separator)	Alpha	1		
Income Source 1	Alpha	25	ER-P2	4. Income Source: 1 (Line 9)
Comma (separator)	Alpha	1		
Income Source 1 Amount	Alpha	11	ER-P2	4. Income Amount: 1 (Line 10)
Comma (separator)	Alpha	1		
Income Source 2	Alpha	25	ER-P2	4. Income Source : 2 (Line 11)
Comma (separator)	Alpha	1		
Income Source 2 Amount	Alpha	11	ER-P2	4. Income Amount: 2 (Line 12)

Comma (separator)	Alpha	1		
Income Source 3	Alpha	25	ER-P2	4. Income Source: 3 (Line 13)
Comma (separator)	Alpha	1		
Income Source 3 Amount	Alpha	11	ER-P2	4. Income Amount: 3 (Line 14)
Comma (separator)	Alpha	1		
Income Source 4	Alpha	25	ER-P2	4. Income Source: 4 (Line 15)
Comma (separator)	Alpha	1		
Income Source 4 Amount	Alpha	11	ER-P2	4. Income Amount 4 (Line 16)
Comma (separator)	Alpha	1		
Property Owned By	Alpha	40	IL-P2	5. Property owned by (Line 1)
Comma (separator)	Alpha	1		
Property Owned Address Line 1	Alpha	40	IL-P2	5. Property owned by Address 1 (Line 2)
Comma (separator)	Alpha	1		
Property Owned Address Line 2	Alpha	40	IL-P2	5. Property owned by Address 2 (Line 3)
Comma (separator)	Alpha	1		
Financial Institution 1	Alpha	40	IL-P2	6. Bank Accounts: Name 1 (Line 4)
Comma (separator)	Alpha	1		
Financial Inst 1 Type Account	Alpha	20	IL-P2	6. Bank Accounts: Type of Account 1 (Line 5)
Comma (separator)	Alpha	1		
Financial Inst 1 Acct Number	Alpha	12	IL-P2	6. Bank Accounts: Account Number 1 (Line 6)
Comma (separator)	Alpha	1		
Financial Institution 2	Alpha	40	IL-P2	6. Bank Accounts: Name 2 (Line 7)
Comma (separator)	Alpha	1		
Financial Inst 2 Type Account	Alpha	20	IL-P2	6. Bank Accounts: Type of Account 2 (Line 8)
Comma (separator)	Alpha	1		

Financial Inst 2 Acct Number	Alpha	12	IL-P2	6. Bank Accounts: Account Number 2 (Line 9)
Comma (separator)	Alpha	1		
Financial Institution 3	Alpha	40	IL-P2	6. Bank Accounts: Name 3 (Line 10)
Comma (separator)	Alpha	1		
Financial Inst 3 Type Account	Alpha	20	IL-P2	6. Bank Accounts: Type of Account 3 (Line 11)
Comma (separator)	Alpha	1		
Financial Inst 3 Acct Number	Alpha	12	IL-P2	6. Bank Accounts: Account Number 3 (Line 12)
Comma (separator)	Alpha	1		
Financial Institution 4	Alpha	40	IL-P2	6. Bank Accounts: Name 4 (Line 13)
Comma (separator)	Alpha	1		
Financial Inst 4 Type Account	Alpha	20	IL-P2	6. Bank Accounts: Type of Account 4 (Line 14)
Comma (separator)	Alpha	1		
Financial Inst 4 Acct Number	Alpha	12	IL-P2	6. Bank Accounts: Account Number 4 (Line 15)
Comma (separator)	Alpha	1		
Health Ins Company Name 1	Alpha	40	IR-P2	8. Health Insurance: Company Name 1 (Line 1)
Comma (separator)	Alpha	1		
Health Ins Policy # 1	Alpha	15	IR-P2	8. Health Insurance: Policy # 1 (Line 2)
Comma (separator)	Alpha	1		
Health Ins Premium Amt 1	Alpha	10	IR-P2	8. Health Insurance: Premium Amt 1 (Line 3)
Comma (separator)	Alpha	1		
Health Ins How Often Pd 1	Alpha	12	IR-P2	8. Health Insurance: How Often 1 (Line 4)
Comma (separator)	Alpha	1		
Health Ins Who Pays 1	Alpha	15	IR-P2	8. Health Insurance: Who Pays 1 (Line 5)
Comma (separator)	Alpha	1		
Health Ins Company Name 2	Alpha	40	IR-P2	8. Health Insurance: Company Name 2 (Line 6)

Comma (separator)	Alpha	1		
Health Ins Policy # 2	Alpha	15	IR-P2	8. Health Insurance: Policy # 2 (Line 7)
Comma (separator)	Alpha	1		
Health Ins Premium Amt 2	Alpha	10	IR-P2	8. Health Insurance: Premium Amt 2 (Line 8)
Comma (separator)	Alpha	1		
Health Ins How Often Pd 2	Alpha	12	IR-P2	8. Health Insurance: How Often 2 (Line 9)
Comma (separator)	Alpha	1		
Health Ins Who Pays 2	Alpha	15	IR-P2	8. Health Insurance: Who Pays 2 (Line 10)
Comma (separator)	Alpha	1		
Health Ins Company Name 3	Alpha	40	IR-P2	8. Health Insurance: Company Name 3 (Line 11)
Comma (separator)	Alpha	1		
Health Ins Policy # 3	Alpha	15	IR-P2	8. Health Insurance: Policy # 3 (Line 12)
Comma (separator)	Alpha	1		
Health Ins Premium Amt 3	Alpha	10	IR-P2	8. Health Insurance: Premium Amt 3 (Line 13)
Comma (separator)	Alpha	1		
Health Ins How Often Pd 3	Alpha	12	IR-P2	8. Health Insurance: How Often 3 (Line 14)
Comma (separator)	Alpha	1		
Health Ins Who Pays 3	Alpha	15	IR-P2	8. Health Insurance: Who Pays 3 (Line 15)
Comma (separator)	Alpha	1		
Health Ins Company Name 4	Alpha	40	IR-P2	8. Health Insurance: Company Name 4 (Line 16)
Comma (separator)	Alpha	1		
Health Ins Policy # 4	Alpha	15	IR-P2	8. Health Insurance: Policy # 4 (Line 17)
Comma (separator)	Alpha	1		
Health Ins Premium Amt 4	Alpha	10	IR-P2	8. Health Insurance: Premium Amt 4 (Line 18)
Comma (separator)	Alpha	1		

Health Ins How Often Pd 4	Alpha	12	IR-P2	8. Health Insurance: How Often 4 (Line 19)
Comma (separator)	Alpha	1		
Health Ins Who Pays 4	Alpha	15	IR-P2	8. Health Insurance: Who Pays 4 (Line 20)
Comma (separator)	Alpha	1		
Health Ins Company Name 5	Alpha	40	IR-P2	8. Health Insurance: Company Name 5 (Line 21)
Comma (separator)	Alpha	1		
Health Ins Policy # 5	Alpha	15	IR-P2	8. Health Insurance: Policy # 5 (Line 22)
Comma (separator)	Alpha	1		
Health Ins Premium Amt 5	Alpha	10	IR-P2	8. Health Insurance: Premium Amt 5 (Line 23)
Comma (separator)	Alpha	1		
Health Ins How Often Pd 5	Alpha	12	IR-P2	8. Health Insurance: How Often 5 (Line 24)
Comma (separator)	Alpha	1		
Health Ins Who Pays 5	Alpha	15	IR-P2	8. Health Insurance: Who Pays 5 (Line 25)
Comma (separator)	Alpha	1		
Model and Year Vehicle # 1	Alpha	20	EL-P2	10. Automobiles: Model and Year # 1 (Line 1)
Comma (separator)	Alpha	1		
Model and Year Vehicle # 2	Alpha	20	EL-P2	10. Automobile: Model and Year # 2 (Line 2)
Comma (separator)	Alpha	1		
Other Property # 1	Alpha	40	EL-P2	10. Automobile: Other Property # 1 (Line 3)
Comma (separator)	Alpha	1		
Other Property # 2	Alpha	40	EL-P2	10. Automobile: Other Property # 2 (Line 4)
Comma (separator)	Alpha	1		
Other Property # 3	Alpha	40	EL-P2	10. Automobile: Other Property # 3 (Line 5)
Comma (separator)	Alpha	1		
Other Property # 4	Alpha	40	EL-P2	10. Automobile: Other Property # 4 (Line 6)

Comma (separator)	Alpha	1		
-------------------	-------	---	--	--

This file is comma delimited file prepared on the State's mainframe and sent via FTP to the Awarded Contractor's secure FTP server.
The line numbers in parenthesis in the last column represents lines on a logical page where a variable data element is printed.
The variable data lines are sequentially number from the top of the page to the bottom of the page. Lines with multiple variable data elements all receive the same line number.

APPENDIX D - DOR 207P MAILER PACKET REVIEW FILE

FIELD NAME	FIELD TYPE	FIELD LENGTH	BLUE INK INDEX IDENTIFIER ON THE DOR 207P MAILER PACKET MOCK-UP	MAPPED TO LINE ON A LOGICAL PAGE
DOR Recipient Medicaid Number	Alpha	15	IL-P1	Medicaid ID # top middle of letter (Line 5)
			IL-P2	1. Recipient: Medicaid I.D. # (Line 3)
Comma (separator)	Alpha	1		
DOR Recipient Name	Alpha	40	IL-P1	Recipient's Name top middle of letter (Line 4)
			IL-P2	1. Recipient: Name (Line 3)
Comma (separator)	Alpha	1		
DOR Recipient Address 1	Alpha	40	IL-P2	1. Recipient: Address 1 (Line 4)
Comma (separator)	Alpha	1		
DOR Recipient Address 2	Alpha	40	IL-P2	1. Recipient: Address 2 (Line 5)
DOR Recipient City State Zip	Alpha	40	IL-P2	1. Recipient: Address city St zip (Line 6)
Comma (separator)	Alpha	1		
Recipient Marital Status	Alpha	9	IL-P2	2. Marital Status: (Line 11)
Comma (separator)	Alpha	1		
DOR Worker Name and Number	Alpha	40	ER-P1	Return Address (Line 1)
			IR-P1	Envelope Mailing Address (Line 5)

			IL-P2	District Office/Reviewer (Line 2)
			IR-P2	And mail it to: Address (Line 1)
Comma (separator)	Alpha	1		
DOR Worker Site	Alpha	40	ER-P1	Return Address (Line 2)
			IR-P1	Envelope Mailing Address (Line 6)
			IR-P2	And mail to: Address (Line 2)
Comma (separator)	Alpha	1		
DOR Worker Address Line 1	Alpha	40	ER-P1	Return Address (Line 3)
			IR-P1	Envelope Mailing Address (Line 7)
			IR-P2	And mail it to: (Line 3)
Comma (separator)	Alpha	1		
DOR Worker Address Line 2	Alpha	40	ER-P1	Return Address (Line 4) (If present)
			IR-P1	Envelope Mailing Address (Line 8)
			IR-P2	And mail to: Address (Line 4)
Comma (separator)	Alpha	1		
DOR Worker City State Zip	Alpha	40	ER-P1	Return Address (Line 5)
			IR-P1	Envelope Mailing Address (Line 9)
			IR-P2	And mail it to: Address (Line 5)
Comma (separator)	Alpha	1		
Sponsor's Name	Alpha	40	ER-P1	Mailing Address Sponsor's Name (Line 6)
			IL-P1	Letter Addressed to (Line 2)
			IR-P1	Envelope Return Address (Line 1)
			IL-P2	1. Recipient: Sponsor Name (Line 7)
Comma (separator)	Alpha	1		
Sponsor's Address Line 1	Alpha	40	ER-P1	Mailing Address (Line 7)

			IL-P1	Letter Addressed to (Line 3)
			IR-P1	Envelope Return Address (Line 2)
			IL-P2	1. Recipient: Sponsor Address 1 (Line 8)
Comma (separator)	Alpha	1		
Sponsor's Address Line 2	Alpha	40	ER-P1	Mailing Address 2 (Line 8)
			IL-P1	Letter Address 2 (Line 4)
			IR-P1	Envelope Return Address 2 (Line 3)
			IL-P2	1. Recipient: Sponsor Address 2 (Line 9)
Comma (separator)	Alpha	1		
Sponsor's City State Zip	Alpha	40	ER-P1	Mailing Address (city, state zip) (Line 9)
			IL-P1	Letter Addressed to (city, state zip) (Line 5)
			IR-P1	Envelope Return Address (city, st. zip) (Line 4)
			IL-P2	1. Recipient: Sponsor (city, st. zip) (Line 10)
Comma (separator)	Alpha	1		
DOR Review Date	Alpha	15	IL-P1	Letter Body Review Date 1 (Line 6)
				Letter Body Review Date 2 (Line 7)
Comma (separator)	Alpha	1		
Letter Current Date	Alpha	15	IL-P1	Letter Date Top Center (Line 1)
Comma (separator)	Alpha	1		
Review Form Month Year	Alpha	15	ER-P2	Review Form Page 1 (Line 1)
Comma (separator)	Alpha	1		
Retirement Income Type 1	Alpha	20	IL-P2	3. Income: Clear Text 1 (Line 12)
Comma (separator)	Alpha	1		
Retirement Income Amount 1	Alpha	11	IL-P2	3. Income: Amount 1 (Line 12)
Comma (separator)	Alpha	1		

Retirement Income Type 2	Alpha	20	IL-P2	3. Income Clear Text 2 (Line 13)
Comma (separator)	Alpha	1		
Retirement Income Amount 2	Alpha	11	IL-P2	3. Income Amount 2 (Line 13)
Comma (separator)	Alpha	1		
Retirement Income Type 3	Alpha	20	IL-P2	3. Income Clear Text 3 (Line 14)
Comma (separator)	Alpha	1		
Retirement Income Amount 3	Alpha	11	IL-P2	3. Income Amount 3 (Line 14)
Comma (separator)	Alpha	1		
Retirement Income Type 4	Alpha	20	IL-P2	3. Income Clear Text 4 (Line 15)
Comma (separator)	Alpha	1		
Retirement Income Amount 4	Alpha	11	IL-P2	3. Income Amount 4 (Line 15)
Comma (separator)	Alpha	1		

This file is comma delimited file prepared on the State's mainframe and sent via FTP to the Awarded Contractor's secure FTP server. *The line numbers in parenthesis in the last column represents lines on a logical page where a variable data element is printed. The variable data lines are sequentially number from the top of the page to the bottom of the page. Lines with multiple variable data elements all receive the same line number.*

APPENDIX E - DOR 207Q MAILER PACKET REVIEW FILE

FIELD NAME	FIELD TYPE	FIELD LENGTH	BLUE INK INDEX IDENTIFIER ON THE DOR 207Q MAILER PACKET MOCK-UP	MAPPED TO LINE ON A LOGICAL PAGE
DOR Recipient Medicaid Number	Alpha	15	IL-P1	Medicaid ID # top middle of letter (Line 5)
			ER-P2	1. Recipient: Medicaid I.D. # (Line 3)
Comma (separator)	Alpha	1		
DOR Recipient Name	Alpha	40	IL-P1	Recipient's Name top middle of letter (Line 4)
			ER-P2	1. Recipient: Name (Line 3)
Comma (separator)	Alpha	1		
DOR Recipient Address 1	Alpha	40	ER-P2	1. Recipient: Address 1 (Line 4)
Comma (separator)	Alpha	1		
DOR Recipient Address 2	Alpha	40	ER-P2	1. Recipient: Address 2 (Line 5)
DOR Recipient City State Zip	Alpha	40	ER-P2	1. Recipient: Address city St zip (Line 6)
Comma (separator)	Alpha	1		
Recipient Marital Status	Alpha	9	ER-P2	2. Marital Status: (Line 11)
Comma (separator)	Alpha	1		
DOR Worker Name and Number	Alpha	40	ER-P1	Return Address (Line 1)
			IR-P1	Envelope Mailing Address (Line 5)

			IL-P2	District Office/Reviewer (Line 2)
			IR-P2	And mail it to: Address (Line 1)
Comma (separator)	Alpha	1		
DOR Worker Site	Alpha	40	ER-P1	Return Address (Line 2)
			IR-P1	Envelope Mailing Address (Line 6)
			IR-P2	And mail to: Address (Line 2)
Comma (separator)	Alpha	1		
DOR Worker Address Line 1	Alpha	40	ER-P1	Return Address (Line 3)
			IR-P1	Envelope Mailing Address (Line 7)
			IR-P2	And mail it to: (Line 3)
Comma (separator)	Alpha	1		
DOR Worker Address Line 2	Alpha	40	ER-P1	Return Address (Line 4) (If present)
			IR-P1	Envelope Mailing Address (Line 8)
			IR-P2	And mail to: Address (Line 4)
Comma (separator)	Alpha	1		
DOR Worker City State Zip	Alpha	40	ER-P1	Return Address (Line 5)
			IR-P1	Envelope Mailing Address (Line 9)
			IR-P2	And mail it to: Address (Line 5)
Comma (separator)	Alpha	1		
Sponsor's Name	Alpha	40	ER-P1	Mailing Address Sponsor's Name (Line 6)
			IL-P1	Letter Addressed to (Line 2)
			IR-P1	Envelope Return Address (Line 1)
			ER-P2	1. Recipient: Sponsor Name (Line 7)
Comma (separator)	Alpha	1		
Sponsor's Address Line 1	Alpha	40	ER-P1	Mailing Address (Line 7)

			IL-P1	Letter Addressed to (Line 3)
			IR-P1	Envelope Return Address (Line 2)
			ER-P2	1. Recipient: Sponsor Address 1 (Line 8)
Comma (separator)	Alpha	1		
Sponsor's Address Line 2	Alpha	40	ER-P1	Mailing Address 2 (Line 8)
			IL-P1	Letter Address 2 (Line 4)
			IR-P1	Envelope Return Address 2 (Line 3)
			ER-P2	1. Recipient: Sponsor Address 2 (Line 9)
Comma (separator)	Alpha	1		
Sponsor's City State Zip	Alpha	40	ER-P1	Mailing Address (city, St. zip) (Line 9)
			IL-P1	Letter Addressed to (city, St. zip) (Line 5)
			IR-P1	Envelope Return Address (city, St. zip) (Line 4)
			ER-P2	1. Recipient: Sponsor (city, St. zip) (Line 10)
Comma (separator)	Alpha	1		
DOR Review Date	Alpha	15	IL-P1	Letter Body Review Date 1 (Line 6)
				Letter Body Review Date 2 (Line 7)
				Letter Body Review Date 3 (Line 8)
Comma (separator)	Alpha	1		
Letter Current Date	Alpha	15	IL-P1	Letter Date Top Center (Line 1)
Comma (separator)	Alpha	1		
Review Form Month Year	Alpha	15	ER-P2	Review Form Page 1 (Line 1)
Comma (separator)	Alpha	1		
Retirement Income Type 1	Alpha	20	ER-P2	3. Income: Clear Text 1 (Line 12)
Comma (separator)	Alpha	1		
Retirement Income Amount 1	Alpha	11	ER-P2	3. Income: Amount 1 (Line 12)

Comma (separator)	Alpha	1		
Retirement Income Type 2	Alpha	20	ER-P2	3. Income Clear Text 2 (Line 13)
Comma (separator)	Alpha	1		
Retirement Income Amount 2	Alpha	11	ER-P2	3. Income Amount 2 (Line 13)
Comma (separator)	Alpha	1		
Retirement Income Type 3	Alpha	20	ER-P2	3. Income Clear Text 3 (Line 14)
Comma (separator)	Alpha	1		
Retirement Income Amount 3	Alpha	11	ER-P2	3. Income Amount 3 (Line 14)
Comma (separator)	Alpha	1		
Retirement Income Type 4	Alpha	20	ER-P2	3. Income Clear Text 4 (Line 15)
Comma (separator)	Alpha	1		
Retirement Income Amount 4	Alpha	11	ER-P2	3. Income Amount 4 (Line 15)
Comma (separator)	Alpha	1		
Health Ins Company Name 1	Alpha	40	IL-P2	4. Health Insurance Company 1 (Line 1)
Comma (separator)	Alpha	1		
Health Ins Policy # 1	Alpha	12	IL-P2	4. Health Insurance Policy # 1 (Line 2)
Comma (separator)	Alpha	1		
Health Ins Company Name 2	Alpha	40	IL-P2	4. Health Insurance Company 2 (Line 3)
Comma (separator)	Alpha	1		
Health Ins Policy # 2	Alpha	12	IL-P2	4. Health Insurance Policy # 2 (Line 4)
Comma (separator)	Alpha	1		
Health Ins Company Name 3	Alpha	40	IL-P2	4. Health Insurance Company 3 (Line 5)
Comma (separator)	Alpha	1		
Health Ins Policy # 3	Alpha	12	IL-P2	4. Health Insurance Policy # 3 (Line 6)
Comma (separator)	Alpha	1		

Health Ins Company Name 4	Alpha	40	IL-P2	4. Health Insurance Company 4 (Line 7)
Comma (separator)	Alpha	1		
Health Ins Policy # 4	Alpha	12	IL-P2	4. Health Insurance Policy # 4 (Line 8)
Comma (separator)	Alpha	1		

This file is comma delimited file prepared on the State's mainframe and sent via FTP to the Awarded Contractor's secure FTP server. *The line numbers in parenthesis in the last column represents lines on a logical page where a variable data element is printed. The variable data lines are sequentially number from the top of the page to the bottom of the page. Lines with multiple variable data elements all receive the same line number.*

APPENDIX F - RECIPIENT RENEWAL REMINDER MAILER PACKET FILE

FIELD NAME	FIELD TYPE	FIELD LENGTH	BLUE INK INDEX IDENTIFIER ON THE RRR MAILER PACKET MOCK-UP	MAPPED TO LINE ON A LOGICAL PAGE
Recipient Name	Alpha	40	ER-P1	Mailing Address Recipient's Name (Line 1)
Comma (separator)	Alpha	1		
Recipient Address 1	Alpha	40	ER-P1	Mailing Address Recipient's Address 1 (Line 2)
Comma (separator)	Alpha	1		
Recipient Address 2	Alpha	40	ER-P1	Mailing Address Recipient's Address 2 (Line 3)
Comma (separator)	Alpha	1		
Recipient City State Zip	Alpha	40	ER-P1	Mailing Address Recipient's city St zip (Line 4)
Comma (separator)	Alpha	1		

This file is comma delimited file prepared on the State's mainframe and sent via FTP to the Awarded Contractor's secure FTP server. *The line numbers in parenthesis in the last column represents lines on a logical page where a variable data element is printed. The variable data lines are sequentially number from the top of the page to the bottom of the page. Lines with multiple variable data elements all receive the same line number.*

APPENDIX G - PRIVACY NOTICE MAILER PACKET FILE

FIELD NAME	FIELD TYPE	FIELD LENGTH	BLUE INK INDEX IDENTIFIER ON THE PRIVACY NOTICE MAILER PACKET MOCK-UP	MAPPED TO LINE ON A LOGICAL PAGE
Sponsor or Guardian Name	Alpha	40	ER-P4	Mailing Address (Line 1)
Recipient Name	Alpha	40	ER-P4	Mailing Address Recipient's Name (Line 2)
Address 1	Alpha	40	ER-P4	Mailing Address 1 (Line 3)
Address 2	Alpha	40	ER-P4	Mailing Address 2 (Line 4)
City	Alpha	20	ER-P4	Mailing Address city (Line 5)
State	Alpha	2	ER-P4	Mailing Address State (Line 5)
Zip	Numeric	9	ER-P4	Mailing Address Zip (Line 5)

***NOTE:** Postal endorsement and postal barcode lines are shown on mock-up but will not be part of monthly file that is sent to the Awarded Contractor.

This file is a fixed length file with fixed length fields with a record size of one hundred fifty one (151) bytes per record. The file is prepared on the State's mainframe and sent via FTP to the Awarded Contractor's secure FTP server. **The line numbers in parenthesis in the last column represents lines on a logical page where a variable data element is printed.**

APPENDIX H - PRIVACY NOTICE POST CARDS MAILER PACKET FILE

FIELD NAME	FIELD TYPE	FIELD LENGTH	BLUE INK INDEX IDENTIFIER ON THE PRIVACY NOTICE POST CARDS MAILER PACKET MOCK-UP	MAPPED TO LINE ON A LOGICAL PAGE
Sponsor Guardian Name	Alpha	40	FRONT	Mailing Address (Line 1 if present)
Recipient Name	Alpha	40	FRONT	Mailing Address Recipient's Name (Line 2)
Address 1	Alpha	40	FRONT	Mailing Address Recipient's Address 1 (Line 3)
Address 2	Alpha	40	FRONT	Mailing Address Recipient's Address 2 (Line 4)
City	Alpha	20	FRONT	Mailing Address Recipient's city St zip (Line 5)
State	Alpha	2	FRONT	Mailing Address Recipient's city St zip (Line 5)
Zip	Numeric	9	FRONT	Mailing Address Recipient's city St zip (Line 5)

***NOTE:** Postal endorsement and postal barcode lines are shown on mock-up but will not be part of tri-annual file that is sent to the Awarded Contractor.

This file is a fixed length file with fixed length fields with a record size of one hundred fifty one (151) bytes per record. The file is prepared on the State's mainframe and sent via FTP to the Awarded Contractor's secure FTP server. *The line numbers in parenthesis in the last column represents lines on a logical page where a variable data element is printed.*

APPENDIX I – CHANGE OF ADDRESS FILE

FIELD NAME	FIELD TYPE	FIELD LENGTH
Medicaid Number	Numeric	15
Recipient Name	Alpha	50
Address 1	Alpha	50
Address 2	Alpha	50
City	Alpha	50
State	Alpha	2
Zip5	Numeric	5
Filler	Alpha	1
Zip Plus 4	Numeric	4
Filler	Alpha	2151

This file is a fixed length file with fixed length fields. The record size is 2,378 bytes per record. The file is must be produced by the Contractor as a result of matching Medicaid files against the NCOA database. The file resulting file, one per Medicaid file processed, must be FTPed back to Medicaid based on a mutually agreed upon schedule.

ATTACHMENT 1 - SOBRA 291B MAILER PACKET MOCK- UP/PROTOTYPE

ALABAMA MEDICAID AGENCY

SOBRA Worker and Number

Site (District Office/County Name)

Address

P O Box

City, State, Zip

Return Service Requested

FIRST CLASS
U.S. POSTAGE
PAID
Permit No. 200
Montgomery, AL

PHI - Open By Addressee Only

Payee's Name

Address 1

Address 2

City, State, Zip



BOB RILEY
Governor

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624
www.medicaid.alabama.gov
e-mail: almedicaid@medicaid.alabama.gov
Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504



CAROL HERRMANN STECKEL, MPH
Commissioner

Date (March 20, 2010)

Payee's Name

Address 1

Address 2

City, State, Zip

Medicaid ID #

Important Notice About Your Medicaid Case

A review of your family's Medicaid case is due by April, 2010.

Please look over the renewal form and make changes directly on the form. Sign the form on page 4 and return it to us. Medicaid coverage will end if this renewal form is not filled out and returned on time.

You do not need to contact your worker when you receive this renewal. Simply fill out, sign and return the form. Your worker will let you know if you or your children will still get Medicaid.

Make sure that you tell us all of your gross wages (work income) and all other gross income, such as child support, unemployment, social security, and VA for the month. (Gross income is income before anything is taken out, such as taxes, retirement, Medicare premiums, garnishments, etc.)

Make sure you fill out each section of the form and tell us all income for each family member. If we are not sure about what you wrote on the form, we may contact you or ask you to send us proof of your income.

If you have Other Insurance, please make a copy of the insurance card (front and back) and send in with your renewal.

If you want to continue to get Medicaid, you must return all the information before the end of April, 2010.

YOUR MEDICAID WORKER IS

ALABAMA MEDICAID AGENCY

Name & Worker Number _____

Site _____

Address _____

P O Box _____

City, State, Zip _____

Phone # _____

Our Mission - to provide a system of financing health care for eligible Alabamians in accordance with established statutes and Executive Orders.

Detach envelope here.

SOBRA/MLIF Renewal form

Payee's Name

Address 1

Address 2

City, State, Zip

Please Put
Stamp Here

PHI - Open By Addressee Only

ALABAMA MEDICAID AGENCY

SOBRA Worker and Number

Site (District Office/County Name)

Address

P O Box

City, State, Zip

.....

Remove this strip to reveal glue strip.

.....

Did you remember to ...

1. Sign the Renewal.
2. Mark any changes on form.
3. Copy insurance card (front and back), if new.
4. Put stamp on envelope and return before deadline.

Please fill in your Social Security Number _____

Has anything changed? Yes ☐ No ☐ If yes, mark through the wrong information and put the correct information on the line to the side of it.

1. Recipient.

Payee's Name _____

Medicaid I.D. #: 500-000-00-00000

Address 1 _____

Address 2 _____

City State Zip _____

Phone #: Phone 1 _____

Other Phone #: Other Phone _____ Whose Phone? Whose Phone _____

Marital Status: Married/Divorced/Separated/Single/Widowed _____

Language: English/Spanish _____

E-mail: _____

Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed ☐

English ☐ Spanish ☐ Other ☐

2. Is there a pregnant person living in your home who wishes to apply for Medicaid? Yes ☐ No ☐

If yes, list Name of Pregnant Person _____

Number of Babies in this Pregnancy _____

(Please provide a statement from a doctor or clinic proving the person is pregnant and the expected date the baby is due.)

Date baby is due _____

3. Health Insurance.

Policyholder's Name _____

Insurance Company _____

Policy # _____

Group # _____

Effective Date _____

Has anything changed? Yes ☐ No ☐ Fill out the information below for any new insurance changes and attach a copy of your card, front and back.

Policyholder's Name	Insured Person's Name	Insurance Company	Policy #	Group #	Effective Date

Circle what the policy/policies cover: Dental ☐ Doctor Visits ☐ Drugs ☐ Family Planning ☐ Hospital ☐ Maternity ☐ Other ☐ Is it a Managed Care or HMO? Yes ☐ No ☐

Has any health insurance ended within the last 3 months? Yes ☐ No ☐ If so, which insurance ended? _____

Will any health insurance end in the next 2 months? Yes ☐ No ☐ Is so, which insurance will end? _____ Coverage end date: _____

Please explain why this insurance ended, or will end, and who it affects: _____

Is any child eligible for state or public school system employees' health insurance? Yes ☐ No ☐ If Yes, who: _____

4. Females Age 19 - 55 May be Eligible for Family Planning (Birth Control) Services. Do You Want to Apply For or Continue to Receive Family Planning Services? Yes ☐ No ☐ (NOTE: You will not be eligible for this program if you are pregnant, have had your tubes tied, been sterilized or are on Medicare.)

5. Do You Get a Family Assistance Check From DHR? Yes ☐ No ☐ **Do You Get Food Stamps?** Yes ☐ No ☐ **Case Number** _____

ALL Kids Date Rec'd _____

Medicaid Date Rec'd _____

ACCF Date Rec'd _____

Date Accepted _____

Date Accepted _____

Date Accepted _____

7. Household Members. (If the number listed below begins with an 8, please cross out and list the correct Social Security Number.)

[illegible]

Has anything changed in the information listed above? If yes, cross out anyone who no longer lives in your household and list any new household members below. Also, if any information listed above is wrong, cross out that person's name and list the correct information below:

[illegible]

8. Stepparents. Is there a stepparent living in the home? Yes ☐ No ☐ If yes, list below:

Name of Stepparent: _____ is a Stepparent to _____ [Name of Child(ren)]

Name of Stepparent: _____ is a Stepparent to _____ [Name of Child(ren)]

For ALL Kids Use Only	MCD ck	Date wk	ID#	ID#
IL-P2				

10. Work Income For You and Your Household.**NOTE: Only the income from a legal parent of a child will be counted.**

Name of Person Working	Number of Hours Worked Each Week	Hourly Pay Rate	Day of Week Paid	How Often Paid? Weekly Every two weeks Twice a month Other (specify)	Gross Amount Paid (Before anything is taken out) Include Tips	Name of the Person or Company that You Work for, the Address and Phone Number

Are You Self-employed? Yes ☐ No ☐ **If self-employed, you must attach a copy of your most recent Income Tax Return and Schedule C.****Do You Receive Income From Farming?** Yes ☐ No ☐ **You must attach a copy of your most recent Income Tax Return and Schedule F.****11. Day Care. If you are working, does anyone in your household pay for care of a child or an incapacitated adult living in the home?** Yes ☐ No ☐

Name of Person Who Pays	Amount Paid?	How Often Paid?	Name and Age of Person(s) in Care

12. Other Income. Tell us if you or any family members receive other income from the types listed below. For child support, list the child's name as the person who gets the payment.

1. Social Security (include Medicare prem.)	8. Private Pension	13. Personal Loans (from relatives, others)	20. Interest on Savings
2. SSI (Gold Check)	9. Miner's Benefits	14. Unemployment Compensation	21. Other: Specify _____
3. Public Assistance (Welfare)	10. Black Lung Benefits	15. Insurance Annuity or Proceeds	22. Other: Specify _____
4. Railroad Retirement	11. Cash Contributions (from relatives, others)	16. Government Payments on Land	23. Legal Settlements
5. Veterans Benefits, Pensions, Compensation or Insurance	12. Rental Income (land, buildings or from roomer)	17. Coal, Oil, Gravel Rights & Timber Leases	24. Sheltered Workshop Earnings
6. Federal Civil Service Annuity		18. Royalties	25. Lump Sums
7. State Retirement/Pension		19. Child Support	26. Dividends
			27. School Grants or Loans

Name of Person Receiving the Payments	What Type? (from above)	Gross Amount (before anything is taken out)	How Often are Payments Received?

RELEASE OF INFORMATION

* I hereby authorize and give my consent for the Alabama Medicaid Agency, the Alabama Department of Public Health and the Alabama Child Caring Program to obtain information from any source for the purpose of determining my eligibility for the Medicaid, ALL Kids or Alabama Child Caring Program. I authorize this release form to be in effect for as long as I am on Medicaid, ALL Kids or the Alabama Child Caring program regardless of the date that it is signed. I further authorize copies of this document to be used in place of the original. I give my consent for the release of information for those purposes directly related to the administration of the Medicaid, ALL Kids or the Alabama Child Caring programs. These purposes include, but are not limited to, establishing eligibility for benefits, determination of the amount of medical assistance received, the provision of services, and investigation of program violations.

I UNDERSTAND AND AGREE

- * This application is only for ALL Kids, Alabama Child Caring Program, Medicaid for pregnant women, Medicaid for females ages 19-55 (for family planning/birth control services only), Medicaid for children under age 19, and Medicaid for Low Income Families (MLIF) with children.
- * I give permission to the Alabama Medicaid Agency, the Alabama Department of Public Health and the Alabama Child Caring Program to use my social security number and the social security numbers of persons on whose behalf I am applying to get information about anyone's income from banks, financial institutions, employers, and other county, state and federal agencies, and/or to see if anyone has insurance.
- * To be eligible for MLIF, I must cooperate in establishing paternity and getting medical support, unless I provide Medicaid with good reason not to cooperate.
- * If I am approved for either Medicaid or ALL Kids, I assign all insurance and medical support benefits to the program I am enrolled in. If Medicaid or ALL Kids pays my bills, then my insurance or other benefits (such as lawsuit settlements) must be used to pay Medicaid or ALL Kids back. I agree to help and cooperate with Medicaid or ALL Kids in identifying and collecting this money, or I may lose my Medicaid or ALL Kids benefits. I give permission for my insurance company, employer, and others to give needed information to Medicaid or ALL Kids in order to administer the Medicaid or ALL Kids program.
- * I (and my spouse) must apply for any benefits (such as unemployment compensation) that we may be entitled to in order for me, my spouse, or my family members to become eligible for Medicaid.
- * I agree to let the above named agencies know, at annual renewal, if anything in my household changes. However, if I am on MLIF, I must report any changes within ten (10) days. (The kinds of changes to report are: someone moves into or out of my home, my address changes, I/we get or lose insurance, or someone's income changes.)
- * If I am approved, I agree to cooperate if I am reviewed by State and/or Federal Quality Control.
- * I understand that medical information acquired in the administration of the Medicaid/ALL Kids/Alabama Child Caring programs is subject to health oversight activities, and that such information may be disclosed for program oversight purposes to the State of Alabama (or those engaged as its business associates) without the need for individual consent by me or my family members, as allowed by HIPAA privacy regulations.

SIGN HERE:

I affirm under penalty of perjury that all information entered on this application is true, to the best of my knowledge, including the identity of all persons listed on this application. I also understand that I may be asked to provide additional proof, as needed. If I knowingly entered any false statements or left out information asked for on this application, such as income or household members, I commit a crime that is punishable under Federal and/or State law.

Signature of Recipient		Date		Signature of Spouse		Date	
NOTE: If you are applying for Family Planning Services for your spouse, who is a female aged 19-55, she must sign on "Signature of Spouse" line.							
Signature of person helping to fill out this form				Date			
Please complete this form and mail it to:							
Alabama Medicaid Agency							
SOBRA Worker and Number							
Site (District Office/County Name)							
Address Line 1							
P O Box							
City, State, Zip							

NOTE: If you or other household members are no longer eligible for the MLIF program, children in the household may be eligible for the SOBRA Medicaid program, and women in the household may be eligible for the Plan First program (family planning services). If a child is no longer eligible for SOBRA Medicaid, this renewal will be forwarded to ALL Kids or the Alabama Child Caring Foundation for consideration of eligibility.

EL-P2

Alabama Medicaid Agency/Alabama Department of Public Health eligibility policies and procedures are in compliance with Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Federal Age Discrimination Act of 1975, and Americans With Disabilities Act of 1990.

Fold here ▶ ◀ Fold here

Fold here ▶ ◀ Fold here

ATTACHMENT 2 – DOR 207I MAILER PACKET MOCK- UP/PROTOTYPE

ALABAMA MEDICAID AGENCY

District Office Worker and Number

Site (District Office/County Name)

Address

P O Box

City, State, Zip

Return Service Requested

FIRST CLASS
U.S. POSTAGE
PAID
Permit No. 200
Montgomery, AL

PHI - Open By Addressee Only

Sponsor's Name

Address 1

Address 2

City, State, Zip



BOB RILEY
Governor

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624
www.medicaid.alabama.gov
e-mail: almedicaid@medicaid.alabama.gov
Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504



CAROL HERRMANN STECKEL, MPH
Commissioner

Date (December 20, 2007)

Sponsor's Name
Address 1
Address 2
City, State, Zip

Recipient's Name
Medicaid ID #

IMPORTANT NOTICE ABOUT YOUR MEDICAID CASE

If you are completing this review as a sponsor for the claimant, please note that the term "you" or "your" in the review refers to the claimant listed above.

A review of your Medicaid case will be due in January, 2008. Please look over the review form and if there are any changes needed, please put them on the form. **Make sure you sign the form on page 4 and return it by the 10th of January, 2008.** Medicaid coverage may stop if this review is not completed and returned on time.

You do not need to contact your worker when you receive this review. Your worker will contact you if additional information is needed.

It is very important for you to complete the entire review, sign it and return it to your Medicaid worker by the 10th of January, 2008. (An envelope is provided in this package.)

Your Medicaid Worker is:

District Office Worker and Number

Address _____

P O Box _____

City, State, Zip _____

Phone # _____

Form 207I

Institutional Renewal form

Sponsor's Name

Address 1

Address 2

City, State, Zip

Detach envelope here.

Please Put
Stamp Here

PHI - Open By Addressee Only

ALABAMA MEDICAID AGENCY

District Office Worker and Number

Site (District Office/County Name)

Address

P O Box

City, State, Zip

.....

Remove this strip to reveal glue strip.

.....

Did you remember to ...

1. Sign the Review form.
2. Mark any changes on the Review form itself.
3. Put a stamp on the envelope and return the Review form before the deadline.

9. Have any life, burial, casket, vault, funeral policies or prepaid burial arrangements been added or dropped in the past 12 months?

Yes ☐ No ☐

If yes, please tell the name of the policy that was dropped or provide a copy of the new policy that you have added.

Has anything changed in the past 12 months? Yes ☐ No ☐ If yes, mark through the incorrect information and put the correct information on the line to the side of it.

10. Automobiles, boats, or other vehicles owned by you or your spouse:

Model and Year of Vehicle

Model and Year of Vehicle

Other Property (1)

Other Property (2)

Other Property (3)

Other Property (4)

YOUR AUTHORIZATION

I accept my responsibility and agree to notify the Medicaid District Office at the address shown on this form if any changes occur in the information given on this review.

I give my permission for the Alabama Medicaid Agency to check any statements made in connection with this Medicaid Review.

FALSE STATEMENTS

I know that anyone who makes or causes to be made a false statement, misrepresentation or omission of a material fact in an application or for use in determining eligibility for Medicaid commits a crime punishable under Federal or State law or both. I affirm under penalty of perjury that all information I give in this document or in support of it is true.

Signature of Claimant

Date

Signature of Sponsor

Date

Relationship

Telephone Number

January, 2006 Medicaid Review for Institutional, SSI Related and Home and Community Based Waivers

Form 2071 (09/2006)

Please print clearly using dark ink.

Has anything changed in the past 12 months? Yes ☐ No ☐ If yes, mark through the incorrect information and put the correct information on the line to the side of it.

1. Recipient: _____
 Name _____ Medicaid I.D. #: 000-00-0000
 Sponsor: Name _____
 Address 1 _____
 Address 2 _____
 City State Zip _____

2. Marital Status: Unknown _____
 If your marital status has changed, you must provide the date of the change: _____
 If you have married or remarried, you must provide the Name, Social Security Number, Date of Birth and Income Verification for your new spouse: _____

3. Where do you live? In Your Own Home/Nursing Home _____

4. Income _____
 (You must provide proof of all types of income, except Social Security.)
 Source: Social Security Income _____
 Amount: \$1,200.00 _____
 Source: Social Security Income _____
 Amount: \$1,200.00 _____
 Source: Social Security Income _____
 Amount: \$1,200.00 _____
 Source: Social Security Income _____
 Amount: \$1,200.00 _____

(If you have any other income or have had any money given to you that is not listed above, you must provide proof of this income and the information requested below):

Source: _____ Amount: _____
 Source: _____ Amount: _____

4. Income (continued):

If you are married, list the income of your spouse below and provide proof of this income.

Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____

Has anything changed in the past 12 months? Yes ☐ No ☐ If yes, mark through the incorrect information and put the correct information on the line to the side of it.

5. Property owned by you and/or your spouse
(including life estates):

None
xxx pleasant drive, montgomery, al
xxx pleasant drive, montgomery, al

6. Bank Accounts in you and/or your spouse's name:

(Provide a copy of the last three statements on each of these accounts.)

Name of Financial Institution

Type of Account

Account Number

Name of Financial Institution

Type of Account

Account Number

Name of Financial Institution

Type of Account

Account Number

Name of Financial Institution

Type of Account

Account Number

If you or your spouse's name is on any other bank accounts, stocks, bonds, money market, or other financial account other than those shown, please provide the information below. Provide a copy of the last three statements on each of these accounts.

Type of account _____

Account Number _____

Where account is located _____

Amount in account _____

7. Have you or your spouse sold, transferred, given away or received anything of value within the last 12 months? Yes ☐ No ☐

If yes, explain:

Has anything changed in the past 12 months? Yes ☐ No ☐ If yes, mark through the incorrect information and put the correct information on the line to the side of it.

8. Health Insurance (other than Medicare)

Company Name **Blue Cross and Blue Shield**
 Policy Number **XXX-RR12345**
 Premium Amount **\$234.00**
 How often is it paid? **Monthly**
 Who pays this premium? **Spouse**

Company Name **Blue Cross and Blue Shield**
 Policy Number **XXX-RR12345**
 Premium Amount **\$234.00**
 How often is it paid? **Monthly**
 Who pays this premium? **Spouse**

Company Name **Blue Cross and Blue Shield**
 Policy Number **XXX-RR12345**
 Premium Amount **\$234.00**
 How often is it paid? **Monthly**
 Who pays this premium? **Spouse**

Company Name **Blue Cross and Blue Shield**
 Policy Number **XXX-RR12345**
 Premium Amount **\$234.00**
 How often is it paid? **Monthly**
 Who pays this premium? **Spouse**

Company Name **Blue Cross and Blue Shield**
 Policy Number **XXX-RR12345**
 Premium Amount **\$234.00**
 How often is it paid? **Monthly**
 Who pays this premium? **Spouse**

ATTACHMENT 3 – DOR 207P MAILER PACKET MOCK- UP/PROTOTYPE

ALABAMA MEDICAID AGENCY

District Office Worker and Number

Site (District Office/County Name)

Address

P O Box

City, State, Zip

Return Service Requested

FIRST CLASS
U.S. POSTAGE
PAID
Permit No. 200
Montgomery, AL

PHI - Open By Addressee Only

Sponsor's Name

Address 1

Address 2

City, State, Zip



BOB RILEY
Governor

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624
www.medicaid.alabama.gov
e-mail: almedicaid@medicaid.alabama.gov
Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504



CAROL HERRMANN STECKEL, MPH
Commissioner

Date (November 20, 2007)

Sponsor's Name

Address 1

Address 2

City, State, Zip

Recipient's Name

Medicaid ID #

IMPORTANT NOTICE ABOUT YOUR MEDICAID CASE

A review of your Medicaid case will be due in December, 2007. Please look over the review form on the next page, and **if there are any changes needed**, please call 1-800-362-1504 or mail the form in the enclosed envelope by the 10th of December, 2007.

If the information on page 1 is correct, you do not have to return the form or call.

Form 207P

Institutional Renewal form

Sponsor's Name

Address 1

Address 2

City, State, Zip

Detach envelope here.

Please Put
Stamp Here

PHI - Open By Addressee Only

ALABAMA MEDICAID AGENCY

District Office Worker and Number

Site (District Office/County Name)

Address

P O Box

City, State, Zip

Remove this strip to reveal glue strip.

Did you remember to ...

1. Sign the Review form.
2. Mark any changes on the Review form itself.
3. Put a stamp on the envelope and return the Review form before the deadline.

January, 2006

**Medicaid Review for Qualified Medicare Beneficiary (QMB),
Specified Low Income Medicare Beneficiary (SLMB), and
Qualifying Individual One (QI-1)**

District Office#/Reviewer

Please print clearly using dark ink.

**Has anything in items 1, 2 or 3 changed
in the past 12 months? Yes ☐ No ☐**

If yes, mark through the incorrect information and put the correct information on the line
to the side of it.

1. Recipient:

Name Medicaid I.D. #: 5000000000000

Address 1

Address 2

City State Zip

Sponsor: Name

Address 1

Address 2

City State Zip

2. Marital Status: Unknown

3. Income:

(You must provide proof of all types of income, except Social Security.)

Retirement Income	\$1,200.00
Retirement Income	\$1,200.00
Retirement Income	\$1,200.00
Retirement Income	\$1,200.00

If you checked YES and there has been a change in the address, marital status or income of the recipient listed above, you must contact the Alabama Medicaid Agency at 1-800-362-1504 and provide the correct information. Some changes require that you provide verification. Anytime there is a change in the address, marital status or income of the recipient listed above, you must report this information within 10 days of the date of the change.

If you checked NO and there has been no change in the address, marital status or income of the recipient listed above, you do not have to do anything.

Please remember that anyone who knowingly or willfully makes a false statement or misrepresents material facts in a review to redetermine eligibility for Medicaid may be committing a crime punishable under Federal or State law or both.

I UNDERSTAND THAT

- * I agree to cooperate if I am reviewed by State and/or Federal Quality Control.
- * I must report all changes in my address, marital status and/or income within 10 days of the date of the change.
- * I certify that my answers to all questions and statements are true and correct to the best of my knowledge, and
- * Anyone who knowingly or willfully makes a false statement or misrepresents material facts in a review to redetermine eligibility for Medicaid may be committing a crime punishable under Federal or State law or both.

RELEASE OF INFORMATION

I authorize the Alabama Medicaid Agency to obtain information from any source to redetermine my eligibility. I further authorize copies of this release of information to be used in place of the original.

Signature of Recipient or Sponsor	Date	Witness' Signature (if signed by a mark)	Date
Relationship	Telephone number	Witness' Signature (if signed by a mark)	Date

If the information on page 1 is correct, you do not have to return this form or call.

If you are reporting changes to the information on page 1, please call 1-800-362-1504 or complete this form and mail it to:

Alabama Medicaid Agency
District Office Worker and Number
Site (District Office/County Name)
P O Box
City, State, Zip

IR-P2

ATTACHMENT 4 - DOR 207Q MAILER PACKET MOCK- UP/PRPTOTYPE

ALABAMA MEDICAID AGENCY

District Office Worker and Number

Site (District Office/County Name)

Address

P O Box

City, State, Zip

Return Service Requested

FIRST CLASS
U.S. POSTAGE
PAID
Permit No. 200
Montgomery, AL

PHI - Open By Addressee Only

Sponsor's Name

Address 1

Address 2

City, State, Zip



BOB RILEY
Governor

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624
www.medicaid.alabama.gov
e-mail: almedicaid@medicaid.alabama.gov
Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504



CAROL HERRMANN STECKEL, MPH
Commissioner

Date (December 20, 2007)

Sponsor's Name

Address 1

Address 2

City, State, Zip

Recipient's Name

Medicaid ID #

IMPORTANT NOTICE ABOUT YOUR MEDICAID CASE

A review of your Medicaid case will be due in January, 2008. Please look over the review form and if there are any changes needed, please put them on the form. **Make sure you sign the form on page 3 and return it by the 10th of January, 2008.** Medicaid coverage may stop if this review is not completed and returned on time.

You do not need to contact your worker when you receive this review. Your worker will contact you if additional information is needed.

It is very important for you to complete the entire review, sign it and return it to your Medicaid worker by the 10th of January, 2008. (An envelope is provided in this package.)

Form 207Q

Institutional Renewal form

Sponsor's Name

Address 1

Address 2

City, State, Zip

Detach envelope here.

Please Put
Stamp Here

PHI - Open By Addressee Only

ALABAMA MEDICAID AGENCY

District Office Worker and Number

Site (District Office/County Name)

Address

P O Box

City, State, Zip

.....

Remove this strip to reveal glue strip.

.....

Did you remember to ...

1. Sign the Review form.
2. Mark any changes on the Review form itself.
3. Put a stamp on the envelope and return the Review form before the deadline.

District Office #/Reviewer

Please print clearly using dark ink.

Has anything in items 1 or 2 changed in the past 12 months? Yes ☐ No ☐

1. Recipient:

Name _____

Medicaid I.D. #: 500000000000

Address 1

Address 2

City State Zip

Sponsor: Name _____

Address 1

Address 2

City State Zip

2. Marital Status: *Unknown*

If your marital status has changed, you must provide the date of the change:

If you have married or remarried, you must provide the Name, Social Security Number, Date of Birth and Income Verification for your new spouse:

Has anything in item 3 changed in the past 12 months? Yes ☐

□ No

(You must

You must provide proof of all types of income, except Social Security.)

Retirement Income \$1,200.00

Retirement Income \$1,200.00

Retirement Income \$1,200.00

Retirement Income \$1,200.00

If you have any other income or have had any money given to you that is not listed above, you must provide proof of this income and the information requested below):

ER Source:

Amount:

Source: P2

Amount:

3. **Income (continued):**

If you are married, list the income of your spouse below. You must provide proof of all types of income, except Social Security.

Source:	Amount:
Source:	Amount:
Source:	Amount:
Source:	Amount:

Has anything in item 4 changed

in the past 12 months? Yes ☐ No ☐

4. **Health Insurance (other than Medicare):**

Company Name: Blue Cross and Blue Shield
Policy Number: XXX-RR12345

Company Name: Blue Cross and Blue Shield
Policy Number: XXX-RR12345

Company Name: Blue Cross and Blue Shield
Policy Number: XXX-RR12345

Company Name: Blue Cross and Blue Shield
Policy Number: XXX-RR12345

If yes, mark through the incorrect information and put the correct information on the line to the side of it.

I UNDERSTAND THAT

- * I agree to cooperate if I am reviewed by State and/or Federal Quality Control.
- * I must report all changes in my address, marital status and/or income within 10 days of the date of the change.
- * I certify that my answers to all questions and statements are true and correct to the best of my knowledge.
- * Anyone who knowingly or willfully makes a false statement or misrepresents material facts in a review to redetermine eligibility for Medicaid may be committing a crime punishable under Federal or State law or both.

RELEASE OF INFORMATION

I authorize the Alabama Medicaid Agency to obtain information from any source to redetermine my eligibility. I further authorize copies of this release of information to be used in place of the original.

Signature of Recipient or Sponsor	Date	Witness' Signature (if signed by a mark)	Date
Relationship	Telephone number	Witness' Signature (if signed by a mark)	Date

Please complete this form and mail it to:

Alabama Medicaid Agency
 District Office Worker and Number
 Site (District Office/County Name)
 P O Box
 City, State, Zip

Alabama Medicaid Agency eligibility policies and procedures are in compliance with Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Federal Age Discrimination Act of 1975, and Americans With Disabilities Act of 1990.

ATTACHMENT 5 – RECIPIENT RENEWAL REMINDER MAILER PACKET MOCK-UP/PROTOTYPE

ALABAMA MEDICAID AGENCY
501 DEXTER AVENUE
P O BOX 5624
MONTGOMERY AL 36103-5624

FIRST CLASS
U.S. POSTAGE
PAID
Permit No. 200
Montgomery, AL

NAME
ADDRESS 1
ADDRESS 2
CITY STATE ZIP

EP- P1



Did You Forget?

This Is A Reminder That
Your Medicaid Renewal
is Due Before The End
Of This Month!

If you don't return your
Renewal, you or your children
will be taken off Medicaid.

Please Complete Your
Renewal and Return It Today.

Thanks!

If you move, please call your worker or
1-800-362-1504 to let us know.

IP-P1

ATTACHMENT 6 – PRIVACY NOTICE MAILER PACKET MOCK-UP/PROTOTYPE



Alabama Medicaid Agency

501 Dexter Avenue

P.O. Box 5624

Montgomery, AL 36103-5624

www.medicaid.alabama.gov

e-mail: almedicaid@medicaid.alabama.gov

Telecommunication for the Deaf: 1-800-253-0799

1-800-362-1504 (334) 242-5000



**There is a new law that protects you by keeping
your medical information private.
Read this notice to find out what you need to know!**

Alabama Medicaid Agency NOTICE OF PRIVACY PRACTICES - Effective April 14, 2003

FOR YOUR PROTECTION

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**You do not need to do anything with this notice or call Medicaid unless you
have a problem or concern about the law. This notice is being sent to you so
you will know about this new law.**

MEDICAID PROMISES TO KEEP YOUR INFORMATION PRIVATE

Your health information is personal. However, there are times when Medicaid must share information with others to help you get the health care you need. When this must be done, Medicaid promises to follow the law so that your information is kept private. This notice tells you how Medicaid uses and shares information about you and what your rights are under the law. It tells the rules Medicaid must follow when using or sharing your information.

UNDERSTANDING THE TYPE OF INFORMATION THAT MAY BE SHARED

There are many good reasons for your information to be shared. If you apply for Medicaid through another agency (such as the Department of Human Resources or the Social Security Administration), that agency must send information about you to Medicaid. Information that may be sent to us includes your name, address, birth date, phone number, Social Security number, health insurance policies and health information. When your health care providers send claims to Medicaid for payment, the claims must include your diagnosis and the medical treatments you received. In order for Medicaid to pay for some medical treatments, your health care providers must also send extra medical information such as doctor's statements, x-rays, or lab test results.

HOW MEDICAID USES AND SHARES HEALTH CARE INFORMATION

Medicaid contracts with others outside of the agency for some services. For example, Medicaid contracts with a company to process the claims sent in by your health care provider. Medicaid may need to share some or all of your information with that company so your health care bills can be paid. When this is done, Medicaid requires that company to follow the law and keep all of your information safe.

Here are the ways Medicaid uses and shares your health information. For each category, we will say what we mean and give an example.

For Payment: Medicaid may use and share information about you so that it can pay for your health services. For example, when you get a Medicaid service, your health care provider asks Medicaid to pay for that service by filing a claim. On the claim form, your provider must identify you and say what your diagnoses and treatments are.

For Medical Treatment: Medicaid may use or share information about you to make sure that you get needed medical treatment or services. For example, your doctor may receive information about you from Medicaid.

To Run the Medicaid Program: Medicaid may use or share information about you to run the Medicaid program. For example, Medicaid may contract with a company that looks at hospital records to check on the quality of care given to you and the outcome of your care.

To Other Government Agencies Who Provide Benefits or Services To You: Medicaid may share information about you to other government agencies that are giving you benefits or services. For example, Medicaid may be asked to give the Alabama Department of Public Health information so you can qualify for benefits or services.

To Keep You Informed: Medicaid may use your information to send you materials to help you live a healthy life. For example, Medicaid may send you a brochure about an illness or condition you have or about your managed care choices.

To Check On Health Care Providers: Medicaid may share information about you to the government agencies that license and inspect medical facilities. An example is the Alabama Department of Public Health who inspects nursing homes.

For Research: Medicaid may share information about you for an approved research project. A review board must approve any research project and its rules to make sure your information is kept private.

As Required by Law: When requested, Medicaid will share information about you with the U.S. Department of Health and Human Services.

YOUR HEALTH INFORMATION

You have the following rights about the health information that Medicaid has about you:

- You have the right to see and get a copy of your health information with certain exceptions.
- You have the right to ask Medicaid to change health information that is incorrect or incomplete. Medicaid may deny your request in some cases.
- You have the right to ask what items and who Medicaid has shared your health information with after April 14, 2003.
- You have the right to ask that certain uses or disclosures of your health information be restricted. Medicaid is not legally required to agree with your request, but will agree if possible.
- You have the right to ask that Medicaid talk with you about your health in a way or at a place that will help you keep your health information private.

- You have the right to get a paper copy of this notice. You may ask Medicaid to give you another copy of this notice, or you may print a copy from Medicaid's web site, www.medicaid.alabama.gov

**MEDICAID'S
REQUIREMENTS**

Medicaid is required by law to:

- Keep your information private
- Give you this notice that tells the rules Medicaid must follow when using or sharing your information with others.
- Follow the terms of this notice.
- Except for the reasons given in this notice, Medicaid may not use or share any information about you unless you agree in writing. You may take away your permission at any time, in writing, except for the information that Medicaid disclosed before you stopped your permission. If you cannot give your permission due to an emergency, Medicaid may release the information if it is in your best interest. Medicaid must notify you as soon as possible after releasing the information.

In the future, Medicaid may change its privacy practices and may apply those changes to all health information we have. Should Medicaid's privacy practices change, Medicaid will mail a new notice to you within 60 days. Medicaid will also post the new notice on its web site, www.medicaid.alabama.gov

TO FIND OUT

If you have questions or would like to know more, you may call Toll-free at 1-800-362-1504 or Telecommunication for the Deaf at 1-800-253-0799.

**TO REPORT A
PROBLEM**

If you believe your privacy rights have been violated, you may:

- File a complaint with Medicaid by calling Toll-free at 1-800-362-1504 or Telecommunication for the Deaf: 1-800-253-0799 or by writing to the Office of General Counsel, Alabama Medicaid Agency, P.O. Box 5624, Montgomery, AL 36103-5624.
- File a complaint with the Secretary of Health and Human Services by writing to: Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW. Atlanta GA 30303-8909. You may also call or fax a complaint. Call: 1-404-562-7886 or FAX: 1-404-562-7881 or Telecommunications for the Deaf: 1-404-331-2867.

We will not get back at you for filing a complaint or grievance.

REMEMBER:

You do not need to do anything with this notice or call Medicaid unless you have a problem or concern about the law. This notice is being sent to you so you will know about this new law.

Por favor, llame por teléfono 1-800-362-1504 para esta información en español.

Alabama Medicaid Agency
P.O. Box 5624
Montgomery, AL 36103

Presorted
Standard
U.S. Postage
PAID
Permit 200
Montgomery, AL

postal indorsement
recipient name
address 1
address 2
city state zip plus4

postal barcode

IMPORTANT NOTICE

**There is a new law that protects you by
keeping your medical
information private. Read this
notice to find out what you
need to know!**

ER-P4

ATTACHMENT 7 – PRIVACY NOTICE POST CARDS MAILER PACKET MOCK-UP/PROTOTYPE

State of Alabama
Alabama Medicaid Agency
501 Dexter Avenue
P.O. Box 5624
Montgomery, AL 36103-5624

PRESORTED
FIRST CLASS
U.S. POSTAGE
PAID
PERMIT #200
MONTGOMERY, AL

postal endorsement
recipient name
address 1
address 2
city state zip plus4

barcode

FRONT

The Alabama Medicaid NOTICE OF PRIVACY PRACTICES describes how medical information about you may be used or disclosed and how you can get access to your information. You can get the Alabama Medicaid NOTICE OF PRIVACY PRACTICES by sending your request for a copy to:

**Alabama Medicaid Agency
Attention: Privacy Office
P.O. Box 5624
Montgomery, AL 36103-5624**

or printing your own copy from Medicaid's web site at www.medicaid.alabama.gov. You may also contact Medicaid at 1-800-362-1504 to request a copy.

[BACK](#)